



Yes! I wish to become a member of the Friends of the Ipswich Public Library

Name _____

Address _____

Phone _____ Email _____

Please enroll me as a(n):

Senior \$10 Individual \$15 Family \$25 Patron \$50 Benefactor \$100

Are you interested in volunteer opportunities with the Friends?

Yes! Please email me more information

Please drop off at the Library, or mail this form with your check to:

The Friends of the Ipswich Library, Inc.

PO Box 157

Ipswich, MA 01938