



Friends of the CVW Long Lake Public Library

Annual Membership and Volunteer Form

Name _____

Preferred Mailing Address: _____

Email _____

Local Telephone _____

Alternate telephone/cell _____

Individual \$15

Family \$25

Business \$100

Supporting \$100

Best Friend \$200 & up

Enclosed is my check payable to:

Friends of the CVW Long Lake Public Library

Mail to: Box 181, Long Lake, NY 12847-0181

Membership or Volunteer forms can also be dropped off at the Library.

You can also mail Volunteer Form to above address.

Volunteer - Book Sale ____ Ladies Luncheon ____ Other _____

Join the Friends Board

Please note: We do not share your contact information with any other organization. All information you provide will be kept confidential.