FRIENDS OF THE JOHN JERMAIN MEMORIAL LIBRARY MEMBERSHIP APPLICATION

(May 1 - April 30)

Name				
Address		Phone		
City		State	Zip	
E-Mail Address				
☐ I would like to join th	e Friends			
☐ Member	\$10.00	☐ Patron	\$50.00	
\square Sponsor	\$25.00	\square Other	\$	_
	(Donations are t	ax deductible.)		
Make checks payable to:	Friends of the J 201 Main Stree Sag Harbor, NY		ury	