



Membership Form

Please Print

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Email: _____

Annual Membership Dues (June 2024—
May 2025):

- ☐ \$10 Senior Citizen (55 & Over)
- ☐ \$15 Individual
- ☐ \$25 Family
- ☐ \$50 Benefactor
- ☐ Other: \$ _____

I CAN HELP:

- Fundraising ☐
- Publicity ☐
- Special Events ☐
- Photography ☐

Mail Form (or drop off at Maury Loontjens
Memorial Library) with a check made out to

Friends of the Narragansett Library.

Email: FriendsOfNarragansettLibrary@gmail.com

25 Pier Marketplace
Narragansett, RI 02882