



Friends of the Babylon Public Library Membership Application

Name _____

Address _____

Telephone _____

Email _____

Please make checks payable to:
Friends of the Babylon Public Library
and mail to:
Babylon Public Library
Attn.: Friends
24 South Carll Avenue
Babylon, N.Y. 11702

Enclosed:

- _____ \$5.00 Individual Membership
- _____ \$10.00 Family Membership
- _____ \$25.00 Corporate Membership

I would like to
volunteer to work
the Book Sales:

_____ Yes
_____ No

"The only thing that you absolutely have to know, is the location of the library." —Albert Einstein