

# Friends of Henrietta Library

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Type of membership Family \$10 \_\_\_\_\_

Single \$5 \_\_\_\_\_

Type of work you would like to do \_\_\_\_\_

\_\_\_\_\_  
(Working in the Book Shoppe minimum commitment is once per month and working at Book Sale commitments are one day for each sale, twice per year, May and October.)

Special interests, talents? \_\_\_\_\_

\_\_\_\_\_

Thank You for supporting your library community!

Please include a check and mail to:

Friends of Henrietta Library,  
c/o Henrietta Public Library  
455 Calkins Rd.  
Rochester, NY 14623