

LIBRARY FRIENDS ENROLLMENT FORM

Date: _____

Name: _____

Mailing Address:

Phone # _____

Email: _____

Yes, I wish to volunteer to work in *Carnegie's Books & Café* in the library.

Please enclose **annual \$5 membership fee**, and mail form with your check payable to:

Edwardsville Library Friends
112 South Kansas Street
Edwardsville, IL 62025