

Friends of the Silas Bronson Library Application

Annual Membership Year: July 1st thru June 30th

Your Name: _____ Title: _____
Last First MI

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____

Business Phone: _____

I would like to be an active Friend. Please call or email me.

I would like to be listed as a member in the Annual Report.

Individual	\$25.00
Senior / Student	\$10.00
Patron	\$50.00
Organization	\$50.00
Business / Industrial	\$100.00
Other	\$_____

Leave check and application at the Library Circulation Desk or mail to:

Friends of the Library
P.O. Box 2853
Waterbury, CT 06723