Friends of the Silas Bronson Library Application

Annual Membership Year: July 1st thru June 30th

Your Name:				Title:
1001 Tunici	Last First			<u> </u>
Mailing Address: _				_
City:		State:	Zip:	
Home Phone Numb	oer:			
e-mail Address:				
Home Phone:				
Business Phone:				
I would like to be an active Friend, please call me. I would like to be listed as a member in the Annual Report				
	Individual Senior / Stu	udont	\$20.00 \$10.00	
	Patron	ident	\$10.00 \$50.00	
	Organizatio	nn -	\$50.00	
	Business /]		\$100.00	
	Other		\$	

Leave check and application at the Library Circulation Desk

or mail to

Silas Bronson Library, 267 Grand Street, Waterbury, CT 06702