

## **Membership for the Friends of the West Nyack Library**

**Name**

**Address**

**Phone**

**Email**

**Student \$1.00**  **Individual \$5.00**  **Family \$10.00**

Please make checks payable to the Friends of the West Nyack Library.  
Thank you for your support!!

**Volunteers Needed!!**

**Name**

**Phone**

**Email**