

Friends of the Library Membership Form

If you would like to join the Friends, complete and mail this form with appropriate check made payable to:

Friends of the Library
205 Riverside Parkway NE
Rome, GA 30161

I WANT TO BE A FRIEND! ENCLOSED ARE MY ANNUAL DUES.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

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