

# Friends of the Community Library of Castle Shannon Membership Registration

Name: \_\_\_\_\_

Address: (please include city and zip code)  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to donate: (check one)

- \_\_\_\_\_ \$5 Regular Membership
- \_\_\_\_\_ \$15 Family Membership
- \_\_\_\_\_ \$25 Patron Membership
- \_\_\_\_\_ Other \$ \_\_\_\_\_



Are you interested in volunteering? ( ) Yes ( ) No

**Community Library of Castle Shannon**  
**3677 Myrtle Avenue**  
**Castle Shannon, PA 15234**