

Friends Membership Donation Form

To become a member of the Friends fill out the form below, print and mail (or drop off) the completed form to the library at:

Dr. W. B. Konkle Memorial Library
384 Broad Street
Montoursville, PA 17754

Please circle: Individual membership: \$10 Family Membership: \$20 Angel membership: \$30
Other:

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____

Email: _____

Phone: _____

I would like to volunteer: Yes___ No___