



Friends of Richards Memorial Library

Membership Form

Name _____

Address _____

Email _____

Please circle the level of membership:

Senior \$5

Individual \$15

Family \$20

Supporting \$30

Generous _____

The Friends of RML offer a scholarship to a Paxton resident to support the cost of attending college, university, or a trade program. If you would like to make a donation specifically to this fund, please indicate the amount below.

Scholarship Donation: \$ _____

Please return this form and payment to: The Friends of Richards Memorial Library, 44 Richards Avenue, Paxton, MA 01612