



Friends of the Peabody Libraries

Membership Application

Please print and fill it out this application and mail or drop off at the library with a check payable to the “Friends of the Peabody Institute Library”.

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Telephone: (_____) _____ - _____

Membership Level (choose one):

- Single - \$ 15.00
- Family - \$ 25.00
- Patron - \$ 50.00
- Benefactor - \$ 100.00

If you prefer to mail your application, please address it to:

The Friends of the Peabody Institute Library
82 Main Street
Peabody MA 01960

Thank You for your tax-deductible contribution to the Friends!!