

Membership Form

*Friends of the Bloomsburg University
Library Association
Bloomsburg University*

Name _____

Address _____

Phone _____

Email address _____

Membership

dues: \$25 for 3 years _____

\$100 for Lifetime _____

I'm interested in helping as a volunteer _____

In addition to my membership, I would like to contribute \$_____ to further support the goals of the Library Friends (tax-deductible).

Make your check or money order payable to: The Bloomsburg University Foundation
FOBULA

Send to:

Robert Abbott

Friends of the Bloomsburg University Association

Bloomsburg University

400 East Second Street

Bloomsburg, PA 17815

For more information contact Robert Abbott at 570-784-0428 or send an email to fobula@bloomu.edu