



## Annual Nonresident Library Membership

PLEASE PRINT ALL INFORMATION

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

Mailing Address: \_\_\_\_\_

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

Town of Residence: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Total Due: **\$10.00**

Please complete this form and include it with your check or money order payable to **Town of Waterbury**. You may mail it to:

Town of Waterbury  
43 S. Main St.  
Waterbury, VT 05676

*Thank you!*

<p><i>For office use only</i></p> <p>Cash Code: <b>LIBF</b></p> <p>Paid _____ / _____ / _____.</p> <p>by:    ( ) Cash          ( ) Check</p>
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