



Annual Nonresident Library Membership

PLEASE PRINT ALL INFORMATION

Full Name: _____

Mailing Address: _____

Phone: _____

Town of Residence: _____

eMail Address: _____

Total Due: \$25.00

Please complete this form and include it with your check or money order payable to Town of Waterbury. You may drop it off at the Town Office next door, or in their drop box outside the Municipal entrance.

Town of Waterbury
28 N. Main Street, Suite 1
Waterbury, VT 05676

Thank you!

For office use only

Cash Code: **LIBF**

Paid ____/____/____.

by: () Cash

() Check