



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 drop it off at the Town Office next door, or mail it to:

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

Thank you!

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