



Application for Membership in the John Libby Family Association

Membership is open to any member of the John Libby Family, any relative of a member and other interested parties.

NAME: _____ / _____ / _____ / _____ / _____
(M/M) (FIRST) (M.I.) (LAST) (JR/SR)

ADDRESS: _____
(STREET)

(CITY) _____ (STATE OR PROVINCE) _____ (ZIP CODE) _____

(COUNTRY - IF NOT UNITED STATES)

PHONE # : _____ E-MAIL: _____

LIBBY FAMILY NUMBER (IF KNOWN) _____

TYPE OF MEMBERSHIP DESIRED

- Annual Member - Renew yearly @ \$15 per year
- Life Member - for a one-time \$150 fee (includes a free copy of "Book II")

CHECK ENCLOSED FOR REQUIRED AMOUNT
MAIL TO and **PAYABLE TO:**

TREASURER
The John Libby Family Association
195 Deacon Haynes Road
Concord, MA 01742-4711