

FRIENDS OF NEW BERLIN PUBLIC LIBRARY, INC.

MEMBERSHIP FORM JANUARY-DECEMBER 2024

I want to become a Member of the Friends.

I wish to renew my Friends membership.

ANNUAL DUES: Individual (\$10) Family (\$20)

LIFE MEMBER: \$500

ADDITIONAL DONATION:

(\$50) (\$100) (\$250) OTHER \$ _____

PLEASE PRINT CLEARLY:

NAME: _____

STREET: _____

CITY, ST, ZIP: _____

PHONE: _____

EMAIL: _____

I am interested in helping in these areas:

Book Sale

Phoning

Gift Shop

Publicity

Membership

Special Events

Please return this form with your payment to:

Friends of the New Berlin Public Library, Inc.

15105 Library Lane

New Berlin, WI 53151

OR

Drop your application off at the Library Circulation Desk

Please make your check payable to:

Friends of the New Berlin Public Library, Inc.

OFFICE USE ONLY

DATE _____ AMT _____

CHECK # _____ DATE _____

DONATION _____ CASH _____

CARD SENT () INITIALS _____