

**FONCPL Membership Form** New or  Renewal**ORGANIZATION INFORMATION**

Individual  
 Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_

Other organizations: Please provide additional contact information for President or other officer.

President: \_\_\_\_\_

Email: \_\_\_\_\_

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

*Number of members in your organization:* \_\_\_\_\_

**Membership Dues**
 Individual (\$15)     Organization (\$35)     Good Friend (\$50 or more)

I would like to receive information by email. Email address \_\_\_\_\_  
*(Your email address and/or telephone number will not be shared with anyone other than FONCPL Board Members.)*

All contributions are tax deductible. Donations in excess of dues are greatly appreciated.  
 Make checks payable to FONCPL and mail check and form to:  
**Friends of NC Public Libraries, 4640 Mail Service Center, Raleigh, NC 27699-4640.**

**BE A GOOD FRIEND!**