

GROUP FONCPL MEMBERSHIP

In order to process your membership application (new or renewal), we ask you to provide the following information. Please note that FONCPL communicates with its members via email. Dues are on a calendar year basis and if paid in Nov. or Dec., they will be credited toward the following calendar year.

Date: _____ Please select one: NEW RENEWAL
Name of your Friends group:
Number of Members: _____ List names of County or Counties served:

Group Membership	Dues
Group Basic	\$ 35
Additional contribution	\$
TOTAL enclosed	\$

Group Address: _____
City: _____ **State:** _____ **Zip:** _____

Please list contact information for your group's President and three other active members:

	President	2 nd Contact
Name		
Email		
Phone		

	3 rd Contact	4 th Contact
Name		
Email		
Phone		

Name, address, city, and zip of main library served by your Friends:

Name of branches served by your Friends (if any):

**Make checks payable to FONCPL and mail check and completed form to:
 Friends of NC Public Libraries, % Tim Como, Treasurer, 1190 18th Ave. NE, Hickory, NC 28601**

WE APPRECIATE YOUR SUPPORT!