

INDIVIDUAL 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 November or December, they will be credited toward the following calendar year.

Date: _____

Please select one: **NEW** **RENEWAL**

INDIVIDUAL Membership	Dues
Individual Basic	\$15
Additional contribution	\$
TOTAL ENCLOSED	\$

Name: _____

Email: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: (_____) _____

Name of Friends group to which you belong (if any):

Are you interested in being on the FONCPL Board? Please select one: **YES** **NO**

Make checks payable to FONCPL and mail check and completed form to:

Friends of the NC Public Libraries
Tim Como, Treasurer
104 Mooreland Dr. NE
Conover, NC 28613

WE APPRECIATE YOUR SUPPORT!