

# FRIENDS OF NEW BERLIN PUBLIC LIBRARY, INC.

## MEMBERSHIP FORM JANUARY-DECEMBER 2025

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 \_\_\_\_\_