



Friends of the NB Public Library, Inc.  
2025 Membership Application

Name\_\_\_\_\_

(If family membership, please list all names from household)

Address\_\_\_\_\_

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

Telephone\_\_\_\_\_

Email Address\_\_\_\_\_

Membership Type: New\_\_\_\_\_Renewal\_\_\_\_\_

\_\_\_\_\_Individual/Family \$10 (Renew Annually October-October)

\_\_\_\_\_Supporting \$100 (Ten Year Membership)

\_\_\_\_\_Lifetime \$500 (Lifetime Membership)

Date\_\_\_\_\_Receipt\_\_\_\_\_Incentives\_\_\_\_\_

Staff Initials\_\_\_\_\_