



## Membership Application

**YES!** I would like to be a Friend of the Littleton Public Library!

Name / Family: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Yes, list me as a member.

I prefer to volunteer for:

Programs

Fundraising

Publicity

Senior Outreach

Events

Anything!

### Membership Levels

Book Buddy \$10

Book Worm \$25

Book Lover \$50

Book Collector \$100 or more

**Please make checks payable to: FOLPL**

**Bring your application with payment to the library or mail to:**

Friends of the Littleton Public Library

92 Main Street

Littleton, NH 03561

*Memberships are due annually.*

*We take privacy very seriously. We will never share your information.*