



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.