



### MEMBERSHIP DUES

New Membership                       Renewal                       Life Member (existing only)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

*Email is used for Newsletter and Program Notification from Library/Friends*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

How did you hear about the Friends? \_\_\_\_\_

Can you volunteer?  YES! Area of Interest: \_\_\_\_\_

My Library Branch is: \_\_\_\_\_ Use online services only:

I'd like an escrip card for:     Raley's     SPD     SaveMart

*Note: You must include your email address to sign up for escrip.*

Annual Membership Level:     \$10 individual/family                       \$45 business

Type of membership (mark any that apply-for programming):     Family+ kids 0-12

Family+teens (13-17)                       Young Adult/College (18-23)                       Adult(s)

I would like to make an additional tax-deductible gift in the amount of: \$ \_\_\_\_\_

Donation                       In Memory                       In Honor

Name of Person to be honored: \_\_\_\_\_

Please send notice of my gift to (amount will not be disclosed):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**'The Friends of the Libraries of Nevada County' Tax ID# is 23-7133090**  
**Please make checks payable to FOL, 980 Helling Way, Nevada City, CA 95959**  
**www.ncfol.org    friends@ncfol.org    530-265-1407**