



## APPLICATION FOR MEMBERSHIP

\_\_\_\_\_ NEW MEMBER \_\_\_\_\_ RENEWAL

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

(We do not sell or share this info, but do use it form informational mailings from the FOL)

### I would like to become a member for one year at this level:

\_\_\_\_\_ Student \$10 \_\_\_\_\_ Senior (60+) \$10 \_\_\_\_\_ Individual \$25 \_\_\_\_\_ Family \$35

\_\_\_\_\_ Booklover \$100 \_\_\_\_\_ Literary Partner \$500 \_\_\_\_\_ Library Patron \$1,000

\_\_\_\_\_ Friend for Life \$2,500

**Please make checks payable to:** Friends of the Niceville Library, Inc.

### Bring or mail completed form to the Niceville Public Library

Friends of the Niceville Library  
206 Partin Drive North  
Niceville, FL 32578

I would like to volunteer! (Select one or more)

\_\_\_\_\_ Bookstore \_\_\_\_\_ Fundraisers \_\_\_\_\_ Library Programs/Events

*Office Use Only: Roster Contact List / Mailing Label Distribution Letter Volunteer List*