



Friends of the Moultonborough Public Library
Membership Form

Please send your application with your check (made payable to Friends of MPL)
to: Friends of the Moultonborough Public Library
PO Box 150, Moultonborough, NH 03254 Date _____

Name _____

Mailing Address _____

Phone _____ Cell _____

Email _____

Membership Levels (please circle one)

\$10 Graphic Novel (Student)	\$25 Short Story	\$50 Novel
\$100 Best seller	\$250 Classic	\$500 Epic

Additional Donation \$ _____ (We are a 501(c)(3) organization)

Do you have expertise you would be willing to share with the Friends?

We meet at 10 am on the first Thursday of every month (except
January and February). Everyone is welcome.

Thank you for supporting the Friends of the Library!