Membership Application/Renewal Form

First Name _____ Last Name_____

Preferred Phone _____

Email_____

Address _____

City _____ State _____ Zip _____

Membership Year: 2026 (Jan-Dec)

Annual Dues: $20.00

Additional Donation Amount (Optional): _____

Make check payable to **Friends of the New Buffalo Library**

Send or bring in form and payment to:
Friends of the New Buffalo Library
33 N Thompson St.
New Buffalo, MI 49117

Interested in volunteering time with FONBL? Circle YES here!

THANK YOU for your continued support!