

# NH Library Trustees Association

PLEASE CHECK ONE:  *New Membership* or  *Renewal*

Library Name \_\_\_\_\_

Library Address \_\_\_\_\_

Library Director \_\_\_\_\_

Library Co-op \_\_\_\_\_

Number of Trustees on Board \_\_\_\_\_ Number of Alternates on Board \_\_\_\_\_

**Year: July 1, 2018–June 30, 2019**

**Dues: \$30 per Member**

**Payable by July 1, 2018**

**Please list all Trustees with contact information below.**

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

Name \_\_\_\_\_

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

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please check box if payment is enclosed for this individual.

1. Membership Type

Trustee  Alternate  Library Dir/Staff  Individual  Friend

2. Position on Board (title)

Pres/Chair  Vice Pres/Vice Chair  Secretary  Treasurer

**Please use additional forms as needed.**

**Check payable to:** NHLTA

**Mail to:** NH Library Trustees Assoc.

25 Triangle Park Drive, Concord, NH 03301

**Total Number of Memberships Paid**

**Total Amount Enclosed:** \$

If you have any questions, please contact:

Judy Pearson at [nhlibrarytrustees@nhmunicipal.org](mailto:nhlibrarytrustees@nhmunicipal.org)