New Bern Preservation Foundation
Membership Application
or online at NewBernPF.org/membership

Name: _____

Spouse/Partner (Family membership): _____

Address: _____

Email: _____

Phone: _____

Membership ❑ **New** ❑ **Renewal**

❑ Individual $35

❑ Family $60

❑ Patron $100

❑ Benefactor $250

❑ Optional Donation $_____

Consent (please initial)**:**

_____ I consent to receive communications from New Bern Preservation Foundation by email and postal mail. I understand I can withdraw my consent and/or unsubscribe at any time.