

# FOL ANNUAL MEMBERSHIP FORM

## ANNUAL MEMBERSHIP DUES

- |   |          |
|---|----------|
| <input type="checkbox"/> STUDENT – SENIOR   | \$ 10.00 |
| <input type="checkbox"/> Individual         | 20.00    |
| <input type="checkbox"/> Family (2 OR MORE) | 30.00    |
| <input type="checkbox"/> Life Membership    | 150.00   |

## WHERE would you be willing to help?

- |   |   |
|---|---|
| <input type="checkbox"/> ADMINISTRATION (OFFICER) | <input type="checkbox"/> Book-Nook      |
| <input type="checkbox"/> BOARD MEMBER             | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> TELEPHONING              |   |

DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

- I would like to receive my FOL NEWSLETTERS, FLYERS, AND ANNOUNCEMENTS VIA E-MAIL (PDF) RATHER THAN POSTAL SERVICE.

*PLEASE COMPLETE THE MEMBERSHIP APPLICATION ABOVE AND MAIL IT WITH YOUR CHECK TO: FRIENDS OF THE LIBRARY  
C/O BRENDA JACKSON, 14175 WILMOT STREET, MORENO VALLEY, CA 92555*