MEMBERSHIP APPLICATION (PLEASE PRINT)

My Branch Library is: _____

If you designate a branch, the Friends group at that branch will receive ½ of your dues for programs at that specific branch. If you do not designate a branch, your dues will support the system-wide Friends of the Sacramento Public Library, which provides support to all 28 branches.

☐ **New member** ☐ **Renewing member**	☐ **Contact me about volunteering**
FULL NAME	
EMAIL ADDRESS ☐ **Renew by email**	
MAILING ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	

ANNUAL MEMBERSHIP LEVEL:

- ☐ $10 Youth
- ☐ $20 Individual
- ☐ $25 Family
- ☐ $40 Business/Assoc.
- ☐ $100 Patron

MEMBERSHIP:

Dues $_____

MULTI-YEAR MEMBERSHIP:

Dues $_____ times _____ year(s). Total $_____

If paying by credit card:

CC# _____

EXP _____/_____ CODE _____

DONATIONS:

☐ I would like to donate a gift in the amount of _____

☐ For my branch Friends group ☐ For the system-wide Friends of SPL

TOTAL AMOUNT: $	**TODAY'S DATE:**

Mail check to: Friends of the Sacramento Public Library, 828 I Street, Ste. 408, Sacramento, CA 95814