



Membership Application

I want to become, renew or gift a SLO Friends of the Library membership:

Annual Dues:

Individual	\$10	_____
Family	\$20	_____
Patron	\$50	_____
Life (Individual)	\$150	_____
Life (Family)	\$250	_____
Total		_____

I want to also make a donation to support the efforts of the Friends in helping the community.

The amount of my tax-deductible gift is \$ _____
Bronze: (\$100+) Silver (\$250+) Gold (\$500+) Platinum(\$1000+)

Do not acknowledge my donation

Please contact me about Volunteer opportunities

I/we want to celebrate a special person or occasion

This gift honors: _____

- Birthday
- Anniversary
- Birth of a child
- A retirement
- In memory of
- Other: _____

Please send a gift announcement to:

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____
 Email: _____
 Message to recipient: _____

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____
 Email*: _____ (* required to receive our newsletter)

Please make checks payable to:

SLO Friends of the Library
P.O. Box 1135, San Luis Obispo, CA 93406-1135

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www.SLOFOL.org