

**Friends of the Lake County Library
Membership Application**

Yes! I want to be a Friend of the Lake County Library!

Name _____

Mailing
Address _____

City, State, Zip _____

Phone Number _____

E-mail (optional): _____

- Gift
- Renewal
- New Membership

- \$15 Student/Senior
- \$25 Adult / Family
- \$50 Donor
- \$ Other (specify) _____

The Friends of the Lake County Library is a 501(c)3 organization and eligible for most corporate matching grant programs.

____ Yes, I want to volunteer some of my time to help the Friends.
Please contact me. My information is on the membership application.

____ Yes, I would like to contribute to library programs with my financial support as indicated on the membership application.

Please leave this completed form and your tax-deductible contribution check at the circulation desk of your local branch or mail it to:

Friends of the Lake Co. Library, 1425 N. High Street, Lakeport CA 95453