



## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Memberships**

*Please check one category*

- Individual \$10
- Family \$15
- Sponsor \$25
- Patron \$50
- Corporation or  
Business \$100

*Would you be interested in working on any of our committees?*

- Gift Shop
- Publicity
- Book Sale
- Telephone
- Refreshments
- Membership

Please make checks payable to "*Friends of the San Leandro Library.*"  
You may submit this application along with your check to the Information  
Desk at the Main Library or mail to:

*Friends of the San Leandro Library  
300 Estudillo Ave.  
San Leandro, CA 94577*