## Friends of the San Rafael Public Library Annual Membership Form

You may return this completed membership form, along with your check, via USPS.

Make checks payable to "Friends/SRPL" and mail to:

San Rafael Public Library, Attn: Friends Books Membership, 1100 E Street, San Rafael, CA 94901)

## OR

Bring your completed membership form to the Friends Bookstore at 1016 C Street. You may pay in store with credit or debit card, Apple Pay, cash, or check.

Membership Categories (please	mark one)		
Custom Amount \$	🗆 Sponsor (\$100) 🛛 Contribu	ting or Business (\$	\$75) 🛛 Family (\$40)
□ Individual (\$20) □ Senior (60 years or older) or Student (18 years or younger) (\$15)			
I am a: 🗆 New Member 🗆 Rene	ewal		
All contr	ibutions are tax deductible (Tax I	D#68-0319825).	
Please enroll me as a FRIEND of	the San Rafael Public Library.		
Name:	Phone:		
Address:	City:	State:	Zip:
Email Address:			
Volunteer Opportunities			
Yes, I'm interested in volunteering	g! Please contact me.		
□ Book Sales/Special Events □ I	Book Store 🛛 Other (please spe	ecify:	
		OFFICE USE C	DNLY
		Received by:	
		Amount recei	ved:
		Date received	:
		Payment type	2*:
		*If check, ent	er Check #