

FRIENDS OF THE LA MESA LIBRARY MEMBERSHIP APPLICATION

P.O. Box 1073, La Mesa CA 91944-1073

NAME: _____
(First Name) (Last Name)

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ E-MAIL: _____

☐ Individual membership (\$5) ☐ Family membership (\$10) ☐ Organization membership (\$25)

☐ I wish to make an additional donation of \$ _____

Dues are for a calendar year, payable in January. Make checks out to "*Friends of the La Mesa Library*"

☐ Yes, I would like to volunteer my time toward the Bookstore. Contact me to discuss details.