



Membership Application

Friends of the Temecula Libraries

Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Email: _____

**Please Enroll Me As A Member!
Select A Membership Level:**

- Individual \$20
- Family \$30
- Supporting \$50
- Business \$100
- Super Friend \$100
- Life \$250

This is a:

- New Membership
- Renewal

Check here to receive Friends updates via Email

Additional Contributions:

I have enclosed an additional contribution of \$ _____ for:

- Children's Programs
- Adult Programs
- The Library Endowment Fund
- Where Needed Most

Volunteer Opportunities:

There are many ways to put your talents into action. Please check the items for which you have an interest. You will be contacted shortly.

- Book Store Membership Hospitality
- Adult Programs Newsletter Shelving
- Children's Programs Other: _____

Please make checks payable to Friends of the Temecula Libraries or FOTL and mail to:

Friends of the Temecula Libraries
Post Office Box 817
Temecula, CA 92593
Telephone: 951-302-1257

Thank you for your support!