



Friends of the Temecula Libraries

Membership Application

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
P.O. Box 817, Temecula, CA 92593

Thank you for your support!