

MEMBERSHIP: APPLICATION RENEWAL CHANGE OF INFO DUES:

Name _____

Address _____

City, State, Zip _____

E-mail _____

Phone _____

Date _____

Individual \$15/Year

Family \$20/Year

Teen (_____/_____) Free

BD: Month/Year

Life \$150.00

Gift \$_____

I'd like to help the Friends of the Arroyo Grande Library with:

- Book Sales
- Internet Book Sales
- Book Sorting
- Other Skills: _____



FRIENDS
OF THE
ARROYO
GRANDE
LIBRARY

Visit our website: www.fotagl.org



Please send check with application to:

Friends of the Arroyo Grande Library
800 West Branch Street
Arroyo Grande, CA 93420