



Alpine Library Friends Association
Annual Membership

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Email Address: _____

<p style="text-align: center;">MEMBERSHIPS / DONATIONS (to be completed by Member)</p> <p>*****</p> <p><u>Membership</u></p> <p>Annual \$ _____</p> <ul style="list-style-type: none"> The annual membership fee is \$15.00 per person. Memberships expire 31 October. <p><u>Donation</u></p> <p>Library Programs \$ _____ (Concerts, author talks, craft programs, etc.)</p> <p>County Matching Fund \$ _____ (Books, Magazine Subscriptions, etc.)</p> <p><u>TOTAL</u> \$ _____</p> <p style="text-align: center;">Make checks payable to ALFA</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>*****</p> <p><u>Membership Status</u></p> <p>New _____ Renewal _____</p> <p><u>Form Received By</u></p> <p>Bookstore _____ Mail _____</p> <p>Date Processed _____ Initials _____</p> <p><u>Payment Made By</u></p> <p>Cash _____ Check Number _____</p> <p>Check Date _____</p> <p><u>Administrative Updates</u></p> <p>Membership _____</p> <p>Treasurer E / QB _____</p>
---	---

<p>Bring this form (with payment) to the <u>ALFA Bookstore</u>:</p> <p>1752 Alpine Blvd, Alpine, CA 91901</p>	<p>Mail this form (with a check) to the following <u>PO Box</u>:</p> <p>PO Box 13, Alpine, CA 91903</p>
--	--

**** THANK YOU FOR YOUR MEMBERSHIP AND FINANCIAL SUPPORT ****

ALFA is a 501(c)(3) Corporation -- Memberships & Donations are Tax Deductible

Contact Us:
www.alpinelibraryfriends.org // (619) 722-1277 // info@alpinelibraryfriends.org