



Alpine Library Friends Association
Annual Membership

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Email Address: _____

<p 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 align="center">Make checks payable to ALFA</p>	<p 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 Received _____ 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>Bookkeeper E / QB _____</p>
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<p>BOOKSTORE TEMPORARILY CLOSED DUE TO VIRUS</p>	<p>MAIL THIS FORM (with a check) to ALFA MEMBERSHIP PO Box 13 Alpine, CA 91903-0013</p>
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**** THANK YOU FOR YOUR MEMBERSHIP AND FINANCIAL SUPPORT ****

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

Contact Us:

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