

Friends of the San Diego Public Library

MEMBERSHIP APPLICATION Please Print

oate: □ N Please indicate one:	ew Membership D	□ Renewal		
☐ FSDPL Corporate M	embership			
☐ My Friends Chapter	Membership			(Branch Library Name)
lame:		F	Phone:	
Address:				
mail:				
☐Individual Student/Senior (\$5)	☐Sponsor (\$50)		□Patro	on Lifetime (\$1,000)
∃Individual Adult (\$10)	□Contributor/Business (\$100) □Special Gift \$			
∃Family/Dual Adult (\$20)	☐ Individual Life I	Member (\$250))	
∃My company		 	_ matche	es gifts.
I would like to get involv ☐the Friends chapter a				
Mail with check payable to	"FSDPL" to: FSD	PL, 4193 Park	k Blvd., S	San Diego, CA 92103.
• •	e San Diego Public	Library is a 50	1(c)(3) o	rganization.