

I want to be a Friend of the Marin County Free Library
(Please use your browser's print function to print this form)

Name _____
Address _____
City _____ Zip _____
Telephone _____
E-Mail _____

Membership levels: [Donations are tax deductible under IRS 501(c)3]

- \$25
- \$50
- \$100
- other

Membership check enclosed for \$ _____

- New member
- Renewal
- My employer has a matching grant program

Affiliation (select one)

- County-wide support
- Chapter _____

(Chapters: Civic Center, Corte Madera, Fairfax, Marin City, Novato)

I wish to volunteer my time to help with _____

Please enclose check and mail to:
Friends of the Marin County Free Library
Library Administration
3501 Civic Center Drive, Suite 414
San Rafael, CA 94903

Thank you for being a Friend!