

# Membership

Antelope Valley Friends of the Library  
PO Box 51  
Coleville, CA 96107

**Membership** (check one)

Individual	_____	\$10.00	Donation	\$_____
Senior	_____	10.00		
Patron	_____	25.00 +	Total:	\$_____

Membership is from October 1 through September 30: \_\_\_\_\_ Renewal \_\_\_\_\_ New Member \_\_\_\_\_ Donation

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**ALL DUES AND DONATIONS ARE TAX DEDUCTABLE**