



Membership Application

Name _____

Address _____

City/State/ZIP _____

Email _____

Phone _____

Please check one: ☐ New or ☐ Renewal

Type of yearly membership:

- | | |
|---|--|
| <input type="checkbox"/> Senior (60+) or Student \$10 | <input type="checkbox"/> Individual \$15 |
| <input type="checkbox"/> Family \$25 | <input type="checkbox"/> Patron \$30 |
| <input type="checkbox"/> Enthusiast \$50 + | |

Would you like to volunteer?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Library Bookstore | <input type="checkbox"/> Book Sales |
|--|-------------------------------------|

This application may be dropped off at the Library or mailed with your check to:

Friends of the Danville Library, 400 Front St., Danville, CA 94526