



SOUTH SAN FRANCISCO
FRIENDS OF THE LIBRARY

Membership Application Form

- | | |
|---|--------------|
| <input type="checkbox"/> Individual | \$10 |
| <input type="checkbox"/> Family | \$15 and up |
| <input type="checkbox"/> Good Friend(s) | \$25 and up |
| <input type="checkbox"/> Best Friend(s)/Corporate | \$100 and up |

Please make checks payable to **SSF Friends of the Library**. Your cancelled check is your receipt.

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Phone: _____

Mail your completed form to 901 Civic Campus Way, South San Francisco, CA 94080 or email your completed form to libraryfriends@ssf.net or return to the library.

Find out more about Friends of the Library at <https://www.ssf.net/departments/library/get-involved/friends-of-the-library>

The SSF Friends of the Library is a 501(c)(3). Tax ID#74-3116201