

MEMBERSHIP FORM

NEW

RENEWAL

Date:

Name(s):

Address:

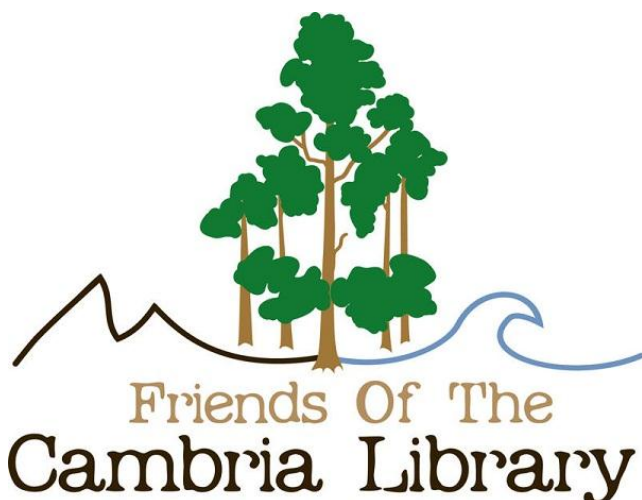
City:

State:

Zip:

Phone:

Email:



Payments: FOCL c/o Cambria Library, 900 Main St., Cambria, CA 93428

MEMBERSHIP LEVELS

Friend.....	\$15
Family.....	\$25
Associate.....	\$50
Sponsor.....	\$100
Sustaining.....	\$150
Patron.....	\$500
Benefactor.....	\$1000
Life.....	\$1500