

Alpine Library Friends Association (ALFA) Annual Membership Form

Name: _____ Date: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____

E-mail: _____

Please send ALFA notices to me via E-mail ()

With my Annual Membership of \$10.00, I would also like to contribute to the following:

Membership – General Fund.....	\$ 10.00
County Library 1:1 Matching Fund.....	\$ _____
New Books Fund.....	\$ _____
Children Enrichment Fund.....	\$ _____
Program and Activity Fund.....	\$ _____
TOTAL.....	\$ _____

Contact me about volunteering ()

Please print then mail your completed form with your check payable to ALFA at:

ALFA
PO Box 13
Alpine, CA 91903.

Thank you for your membership and financial support.