

Friends of the Santa Rosa Libraries Membership

☐ **New Member**

Date _____

☐ **Renewal**

Name _____

Phone # _____ -- _____ -- _____

☐ I prefer to receive information by email

Email _____

Address (Optional) _____

City & Zip (Optional) _____

Annual Membership

12 Months from Start Date

☐ Individual.....\$10.00

☐ Family.....\$20.00

Lifetime Membership

**Your one-time donation of
\$250 or more**

AMOUNT PAID _____

Please write legibly and include at least two ways for us to contact you. (email and phone preferred)



This information is **not shared** with ANY outside party.

Mail to: SR Friends
211 E St.
Santa Rosa, CA 95404

Member Form 2026 -2