



I would like to become a member,  
or continue my membership in the  
Friends of the Sausalito Library.

- Individual Membership ..... \$10.00
- Senior or Student..... \$5.00
- Family Membership ..... \$25.00
- Supporter ..... \$50.00
- Benefactor ..... \$100.00 +

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

*Please make checks payable to:*  
Friends of the Sausalito Library

*Mail to:*  
PO Box 298  
Sausalito, CA 94966

- I would like to volunteer to help with*
- Library Administration .....
  - Book Sales.....