The Friends of the Colusa County Free Library

Application for Membership

Name _____

Street Address _____

Mailing Address _____

City, Zip _____

Phone _____

Alt. Number _____

Email _____

Please enroll me as a member of the Friends of the Colusa County Library. I enclose the following amount for my annual dues:

□	Individual	$ 5.00
□	Family	$10.00
□	Organization/Business	$20.00

I am also including an additional donation in the amount of $ _____.

Please send this application to

Friends of the Colusa County Library
P.O. Box 1105
Colusa, CA 95932