



Friends of the Lodi Library Membership Form

You may print this form on your printer, fill in the information, and mail it to the address given below.

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Make checks payable to:

Friends of the Lodi Library
P.O. Box 703
Lodi, CA 95241

Individual....\$ 7.50
Family..... 15.00
Patron..... 25.00
Sponsor..... 50.00
Life..... 100.00

Business/Professional
Memberships:
Benefactor.....\$ 50.00
Conservator.... 100.00