

MEMBERSHIP FORM



CALIFORNIA
S T A T E
L I B R A R Y
F O U N D A T I O N

Please fill out form as indicated:

- Print out the application page
- Check membership category
- After printing, close this PDF and you will see the Foundation page still in your browser window.
- Mail form and membership contribution to:
California State Library Foundation
1225 8th Street, Suite 345
Sacramento, CA 95814-4809

Please select a category:

- Associate \$40.00-\$99.00
- Contributor \$100.00-\$249.00
- Sponsor \$250.00-\$499.00
- Institutional \$500.00
- Corporate \$750.00
- Pioneer \$1000.00
- Lifetime \$5000.00

Name _____

Address _____

In addition to my membership, I wish to make a contribution in the amount of:

\$ _____

I wish to purchase a gift membership for:

I wish to make a contribution in the amount of \$ _____

in honor of / in memory of _____

Please send an acknowledgment of my gift membership or honoring / memorial contribution to:
