

# FRIENDS MEMBERSHIP RENEWAL FORM - 2024

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**MEMBERSHIP LEVELS**  
(All receive newsletters)

\$ 100 Best Friend \_\_\_\_\_  
\$ 50 Patron Friend \_\_\_\_\_

\$100 Business Friend \_\_\_\_\_  
\$ 25 Family Friend \_\_\_\_\_  
\$10 Individual Friend \_\_\_\_\_

I wish to volunteer to help Yes \_\_\_\_\_ No \_\_\_\_\_



**Friends of the Lodi Public Library**  
**201 W. Locust St.**  
**Lodi, CA 95240**

Postage  
Required



## **MEMBERSHIP RENEWAL FORM 2024**

### **Friends of the Lodi Public Library**



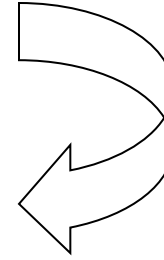
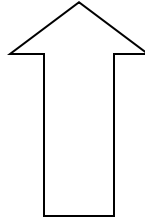
**Dear Friend,**

**It is time to renew your membership! THANK YOU for your tax-deductible donation. It makes a difference! Friends support programs in the Lodi Public Library for children, teens, adults, library staff, and the greater Lodi community.**

**Friends of Lodi Library also receive a member newsletter three times a year.**

**Susanne Benbrook,  
Membership Chairperson**

**FriendsofLodi@gmail.com  
Bookstore (209) 269-4688**



**To make an envelope, fold up this flap and securely tape the sides.**

