

MEMBERSHIP APPLICATION
FRIENDS OF THE CAMBRIAN BRANCH LIBRARY

1780 Hillsdale Avenue
San Jose, CA 95124

Membership Application Date: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ALTERNATE # _____

EMAIL _____

VOLUNTEER TIME AVAILABLE

Days available	Hours available (for as little as 1 hour each week)
_____ Monday	_____
_____ Tuesday	_____
_____ Wednesday	_____
_____ Thursday	_____
_____ Friday	_____
_____ Saturday	_____

Membership expires in April of each year. Please return application to the Cambrian Branch Library at the address above.

Annual Dues:

_____ \$ 4.00 Individual

_____ \$ 7.00 Family