**MEMBERSHIP APPLICATION**

**Friends of the Pikes Peak Library District**
5550 North Union Boulevard
Colorado Springs CO 80918-1950
(719) 531-6333 ext. 1461
[https://ppld.org/friends](https://ppld.org/friends)  friends@ppld.org

Please PRINT all information.

**Date of Application:**

**Name:** Mr. __ Mrs. __ Ms. __

**Address**

City ___________________________ State _______ Zip+4 _______ —

**Telephone** ___________________________ **Email**

YES, I want to be a **Friend of the Pikes Peak Library District**. I am a __ NEW Member  __ RENEWING Member

**ENCLOSED** are my Membership Dues for:

- $ 5 **Junior** One-Year (Age 17 and Under)
- $ 20 **Individual** One-Year
- $ 30 **Family** One-Year (Please list names of all qualifying family members residing with you - use reverse side if needed)

- $ 15 **Senior** One-Year (Age 65 and Older)
- $ 20 **Senior Family** One-Year (Please list names of all qualifying family members residing with you - use reverse side if needed)
- $ 200 **Lifetime – Friend for Life** (Individual Dues paid once - and never again)
- $ ____ **Additional Donation**

**Library of Choice**: I wish to designate ______________________________ as my **PPLD Library of Choice**.

**Volunteer Opportunities**: Please contact me about Volunteer Opportunities with the Friends.

**TAKE** the Membership Application and your check, cash or credit/debit card to any attended Friends Bookstore and you will receive your membership card(s) immediately!

**ON-LINE**: You can join or renew online at [https://ppld.org/friends/online-membership](https://ppld.org/friends/online-membership) and your membership card(s) will be mailed to you.

**MAIL** the Membership Application and your check or money order to: Friends of PPLD
5550 N. Union Blvd.
Colorado Springs CO 80918-1950

Do NOT enclose cash. Your membership card(s) will be mailed to you.

**THANK YOU FOR BEING A FRIEND!**

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Date Application</th>
<th>(Use last day of application month)</th>
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<tbody>
<tr>
<td>RECEIVED:</td>
<td>Membership Expiration Date:</td>
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**Payment Information**: Last four numbers of Debit/Credit Card _______ Check # _______ Cash $ _______

**Date Membership Card Issued:** _______ **Membership Card Issued By:**

**CODE:** __ CD__ __ XT__ __ D/C__ __ MB__ __ BR__ __ V1__ __ V2__ __ E1__ __ E2__ __ E3__

**REV 2020-01**