

Please print, fill out, and send to: Victor Valley College Library 18422 Bear Valley Rd. Victorville, CA 92392

**Friends of the Victor Valley College Library  
Application for one-year Membership**

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Address (Street/P.O. Box)

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Hobbies and interests that you enjoy

**MEMBERSHIP OPTIONS: Please check one:\***  
\_\_\_\_ \$12 \_\_\_\_ \$50 \_\_\_\_ \$100 \_\_\_\_ \$500 \_\_\_\_ \$1000 \_\_\_\_ Other  
(Please indicate)

Please make checks to VVC Foundation. Indicate "Friends of the Library" on the memo portion of the check. Thank you.

I wish that this membership donation be designated to the following:

\_\_\_\_ For use as needed      \_\_\_\_ Book purchases      \_\_\_\_ Local History Collection.  
\_\_\_\_ Cassettes/CDs/Videos      \_\_\_\_ Furniture      \_\_\_\_ Electronic resources.

Please indicate if you would be willing to help with the following:

\_\_\_\_ Officer      \_\_\_\_ Membership      \_\_\_\_ Book Sales  
\_\_\_\_ Committee Member      \_\_\_\_ Special Programs      \_\_\_\_ Newsletter      \_\_\_\_ Other

\*Membership for one year allows checkout of library materials. A plaque will be displayed for members who donate \$100 or more.