Cal Poly Pomona Friends of the Library Membership Form

Member's Information

Name___________________________________________

Address __________________________________________

City, State, Zip ____________________________________

Phone # _________________________________________

Email Address _____________________________________

Cal Poly Pomona Status (e.g., emeritus, student)
___________________________________________________

Membership Categories (select one)

☐ $10/year – Current enrolled CPP students

☐ $25/year – CPP faculty, staff, retirees, emeriti, and Alumni Association members

☐ $25/year – Senior citizens (65+)

☐ $50/year – Basic membership

☐ $90/year – Family membership (up to 3 family members)

☐ $500/year – Lifetime membership; one-time payment

☐ $500/year – Lifetime membership; $100/year for five years

Please charge $ _____________ to my

☐ Visa   ☐ Master   ☐ American Express   ☐ Discover

Card Number_______________________________________

Expiration Date____________________________________

Signature _________________________________________

If paying by check, make payable to: Cal Poly Pomona Foundation
Add FOL or Friends of the Library to the memo line
Sign and return in envelope

The information you provide may be used by the Library in Friends of the Library recognition listings
Please send me information about the following

☐ Establishing an endowment
☐ Estate planning and life income opportunities
☐ Gift of real estate and securities
☐ Life income Agreements