

Friends of the Stone Library **Membership Application**

Annual Membership:

- _____ **Friend \$40**
_____ **Contributor \$75**
_____ **Sponsor \$100**

Please make check payable to Friends of the Stone Library.

Date _____

Name _____

Street Address _____

City, State, Zip _____

Phone _____

Email _____

Please send application and check to:

Stone Center for Children's Books
Claremont Graduate University
740 North College Avenue
Claremont, CA 91711

