



Friends of the Wissahickon Valley Public Library

Application

Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Email: _____

Status: New member Renewal

Ambler Chapter
Membership year: January 1-December 31

Membership type:	<p>Good Friend \$10</p> <p>Loyal Friend \$20</p> <p>Special Friend \$25</p> <p>Very Special Friend \$50</p> <p>What a Friend \$100</p> <p>Other \$</p>
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If you want to mail:
Friends of WVPL
Ambler Branch
209 Race Street
Ambler, PA 19002

Blue Bell Chapter
Membership year: April 1-March 31

Membership type:	<p>Individual \$10</p> <p>Family \$15</p> <p>Contributing/Business \$25</p> <p>Supporting \$50</p> <p>Patron \$100</p>
In addition to membership, I would like to help with: (Check all that apply.)	<p>Book Sales</p> <p>Book Sorting</p> <p>Publicity</p> <p>AV Sales</p> <p>Committees</p>

If you want to mail:
Friends of WVPL
Main Library
650 Skippack Pike
Blue Bell, PA 19422

Please make checks payable to: *FRIENDS OF THE WVPL.*
CONTRIBUTIONS ARE TAX DEDUCTIBLE.