

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	Blue Bell Chapter Membership year: April 1-March 31
Membership type:	Membership type:
<input type="checkbox"/> Good Friend \$10 <input type="checkbox"/> Loyal Friend \$20 <input type="checkbox"/> Special Friend \$25 <input type="checkbox"/> Very Special Friend \$50 <input type="checkbox"/> What a Friend \$100 <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Individual \$10 <input type="checkbox"/> Family \$15 <input type="checkbox"/> Contributing/Business \$25 <input type="checkbox"/> Supporting \$50 <input type="checkbox"/> Patron \$100 <input type="checkbox"/> Book Sales <input type="checkbox"/> Book Sorting <input type="checkbox"/> Publicity <input type="checkbox"/> AV Sales <input type="checkbox"/> Committees
In addition to membership, I would like to help with:	In addition to membership, I would like to help with:
If you want to mail: Friends of WVPL Ambler Branch 209 Race Street Ambler, PA 19002	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.