



## Friends of the Wissahickon Valley Public Library Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Status:  New Member

Renewal

### *Blue Bell Chapter*

Membership Type:

- Individual \$10
- Family \$15
- Contributing \$25
- Supporting \$50\*
- Patron \$100\*
- Other: \_\_\_\_\_

In addition to membership,  
I would like to volunteer for:

- Book Sales
- Book Sorting
- Publicity
- AV Sales
- Committees

*\*For a gift of this size, a book will be placed in the Library with your name on a book plate. Please indicate the subject or field you would like the book to be. Thank you.*

SUBJECT/FIELD: \_\_\_\_\_

Please make checks payable to FRIENDS OF THE WVPL  
Mail to: **Friends of WVPL 650 Skippack Pike**  
**Blue Bell, PA 19422**

***CONTRIBUTIONS ARE TAX DEDUCTIBLE.***