Join the Friends of the Wissahickon Valley Public Library at Ambler

Name: __________________________
Address: __________________________
City: __________________________
Zip: __________________________
Phone: __________________________
Email: __________________________

We do not share mailing lists and typically email newsletters, if you would prefer your newsletter mailed, check here ______.

Status: ___New member ___Renewal

<table>
<thead>
<tr>
<th>Membership type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Individual $15</td>
</tr>
<tr>
<td>☐ Family $25</td>
</tr>
<tr>
<td>☐ Very Good Friend $50</td>
</tr>
<tr>
<td>☐ Special Friend $100</td>
</tr>
<tr>
<td>☐ Other $ ______</td>
</tr>
</tbody>
</table>

I’d like to volunteer, please contact me!

Membership year: January 1—December 31

mail to:
Friends of the WVPL at Ambler
209 Race Street
Ambler, PA 19002

Please make checks payable to: AMBLER LIBRARY FRIENDS
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WVPL and your community thank you.