

# *Friends of the Library Membership Application*

*Yes! I want to join FOL and help friends help libraries.*

New \_\_\_\_\_ Renewal \_\_\_\_\_ Date \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

email: \_\_\_\_\_

Individual:

Organization:

Donor \$ 5.00 \_\_\_\_\_

Sponsoring \$ 50.00 \_\_\_\_\_

Patron \$ 25.00 \_\_\_\_\_

Corporate \$250.00 \_\_\_\_\_

Contributing \$ 50.00 \_\_\_\_\_

Student 50¢ \_\_\_\_\_

(through 6<sup>th</sup> grade, non-voting)

Make check to: Friends of the Wells County Public Library

Mail to: Wells County Public Library

200 West Washington Street

Bluffton, IN 46714-1999

*Your contribution is tax deductible, as the law allows.*