



APPLICATION FOR MEMBERSHIP

Friends of the Wilmington Public Library District

Name _____

Address _____

Email address _____

Phone _____

Type of Membership (select one)

- | | |
|-------------------------------------|---------------|
| <input type="checkbox"/> Individual | \$15 per year |
| <input type="checkbox"/> Student | fee waived |
| <input type="checkbox"/> Family | \$25 per year |
| <input type="checkbox"/> Senior | \$10 per year |
| <input type="checkbox"/> Corporate | \$50 per year |
| <input type="checkbox"/> Lifetime | \$150 |

Areas of Interest (select all that apply)

- Annual Book/Bake Sale
 - Publicity/Public Relations
 - Fundraising
 - Programs
 - Other (please describe) _____
- _____
- _____

Signature _____

Date signed: _____