



## Membership Form

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

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

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

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

E-Mail: \_\_\_\_\_

### Annual Membership Contribution

<input type="checkbox"/>	Student/Senior Citizen	\$10.00
<input type="checkbox"/>	Individual	\$20.00
<input type="checkbox"/>	Family	\$30.00
<input type="checkbox"/>	Supporting	\$50.00
<input type="checkbox"/>	Patron	\$100.00
<input type="checkbox"/>	Additional Gift	\$_____
<input type="checkbox"/>	My company's matching Gift is enclosed	
<input type="checkbox"/>	Please call on me to volunteer	

*Make your tax-deductible checks payable to Friends of the Wellesley Free Libraries, **print this form**, fill it out and return it to:*

Friends of the Wellesley Free Libraries  
Attention: Membership  
530 Washington Street  
Wellesley, Ma 02482