

Friends of the Wells Branch Community Library Member Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I would like to assist the FRIENDS in the following area(s): (Select all that apply)

Volunteer work in library Assist at Annual Book Sale Internet Technology Team

Event Coordination Team Marketing & Development Team Fund Raising Team

Graphics & Advertising Team Community Outreach & Education Team

Please make all checks payable to:
Friends of the Wells Branch Community Library
15001 Wells Port Drive, Austin, TX 78728

FRIENDS Designation:
501(c)(3) TaxID# 74-2911870

Select Membership Level

Personal

- Student \$5
- Individual \$15
- Senior ≥ 55 \$10
- Family \$25
- Senior Family \$20
- Contributor \$100

Business

- Corporate \$150
- Underwriter \$300

Endowment

- Gold \$500
- Platinum \$1000
- Diamond \$2000

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