

**Wilsonville Friends of the Library
Membership Application**

NAME(S): _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____ **DATE:** _____

Please indicate Are you are renewing member? Yes No

Individual (\$20/year) **Family (\$40/year)** **Lifetime (\$100 per person)**

Please make checks payable to: Wilsonville Friends of the Library.

Bring this application and payment to the Library or mail to:

Wilsonville Friends of the Library, 8200 SW Wilsonville Rd, Wilsonville OR 97070

Interested in volunteering in the Twice Sold Tales Bookstore?

Contact us at wvlibraryfriends@gmail.com

Thank you for your support!