

## Join the Friends of the Woodland Community Library

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

Name(s): \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

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

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

Membership for the year of \_\_\_\_\_

### Membership Levels:

Student.....\$ 1.00  
Individual.....\$ 5.00  
Family.....\$10.00  
Business.....\$25.00  
Best Friend.....\$25.00 and Over

### Make Checks Payable to:

Friends of the Woodland Community Library

### Mail to:

P.O. Box 894  
Woodland, WA 98674