



APPLICATION FOR MEMBERSHIP

Mr/Mrs/Ms/Dr./Other (*please circle*)

Name:

Family Membership (*Other names*).....

.....

Address:

Suburb:Postcode:

Phone (h): (w):.....

Email.....

Fees (*please tick*)

Individual @ \$ 15

Family @ \$ 20

Concession @ \$ 10 (*senior/pensioner/full-time student/unemployed*)

Pay at: Cashier, Wollongong City Council, Burelli Street, Wollongong or any branch library

Mail to: Friends of the Wollongong City Library, P.O. Box 922. Wollongong. NSW. 2520

(Official Use Only)

Receipt No:

Date Paid: