

MEMBERSHIP FORM 2024 – 2025

IMPORTANT We would like to keep our membership database current. Could all new or renewing members, especially those paying by direct credit, please fill in this form and send it to us at –

The Friends of Wollongong City Library
PO Box 922
WOLLONGONG NSW 2500

Please circle: New member Renewing member Volunteer

Please circle: Mr. Mrs. Ms. Dr.

Full Name:

Address:

..... **Post Code:**

Phone: (H) **(M)**

Email address: (Please write clearly)

Please circle how you would like to be contacted: Email Post

Type of Membership: ☐ Family* (\$25) ☐ Individual (\$15 EACH)
 ☐ Individual Concession (\$12 EACH)

***Names included in family membership:**

.....

Payments type: Please mark which you are choosing.

- **Cash** at Cashier's Office, Wollongong City Council, Burelli Street, Wollongong or at any District or Branch Library.
- **Cheque** made out to The Friends of the Wollongong City Library. Send address above
- **Direct Credit** Account Name: Friends of The Wollongong City Library

BSB: 062-609

A/C: 10025558

*Please ensure you quote your surname, and first name, when filling in the section marked "To account details", otherwise your payment cannot be applied against your membership.

Receipt no.

Date paid: