



Membership Application Form

Title: _____ First Name: _____ Surname: _____

Phone: _____ Mobile: _____

Postal Address: _____

Email Address: _____

Membership (please tick one) Membership is per annum (July to June)

Individual - \$10.00 Concession / WA senior - \$5.00 Family - \$20.00

Signature _____ Date _____



Friends of Geraldton Library - Membership Receipt

Received from: _____

Amount: \$ _____ Membership Year: _____

Signature _____ Date _____

Thank you for deciding to join the Friends of the Geraldton Library – FOGL.
We are volunteers dedicated to raising funds to support our local library.

Once you have completed the details above, lodge it with library staff or at a FOGL meeting, with your payment. Please detach and keep the receipt.

New members please complete a City of Greater Geraldton volunteer application form.
Please click on the link: [CGG - HR02-Volunteer Application](#).

If you need help with the volunteer application form, see library staff or FOGL members.
Please make sure you sign and date the bottom of page 3 on the application – no need to tick the Bushfire Brigade Declaration.
Lodge the completed form with library staff or at a FOGL meeting.
When your application is approved you will receive a welcome booklet with further information.