

# Friends of Geraldton Library

## Membership Application Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

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

Type of Membership (please tick one)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

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## Membership Receipt

Received from: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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