



Friends of Irby Library Membership Application Form

Please accept my membership as a Friend of Irby Library.
I agree to pay an annual subscription of **£3 per person**.

First Name:	
Surname:	
Address:	
Post code:	
Phone:	
Email address:	

Membership is based individually and a form and membership fee must be paid for each member within a household.

Place this application form, together with your cash in an envelope and hand to the Irby library staff or volunteers.

Your support of Friends of Irby Library is very much appreciated – thank you.

Your signature:	
Date:	

Please tick to confirm that you are happy for FOIL to contact you about our events and updates.

OFFICE ONLY

Received date:

Signature: