



FRIENDS OF

WOLLONGONG CITY LIBRARY

MEMBERSHIP APPLICATION FORM

Member Information

Application Date: ____ / ____ / ____

(please tick one) New Member Renewal

Mr/Mrs/Ms/Other (please circle) Name: _____

Family membership: (Other Names) _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (mobile) _____ (home): _____ (work): _____

Email: _____

Fees (please tick one)

Individual @ \$15 Family @ \$25 Concession @ \$12 (senior/pensioner/full-time student/unemployed)

Pay at: Cashier, Wollongong City Council Customer Service Centre, Burelli St, Wollongong or any branch library
OR mail to: Friends of the Wollongong City Library, PO Box 922, Wollongong NSW 2520