



# FRIENDS OF MAITLAND CITY LIBRARY

JOIN

RENEW

## PERSONAL DETAILS

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I WISH TO JOIN/RENEW MY MEMBERSHIP OF THE FRIENDS OF MAITLAND CITY LIBRARY

ENCLOSED IS MEMBERSHIP FEE OF

## METHOD OF PAYMENT

CREDIT CARD    MASTERCARD    VISA    AMEX    .

CARD NUMBER \_\_\_\_\_ .

EXPIRY DATE \_\_\_\_\_ CVV \_\_\_\_\_ .

CARDHOLDER NAME \_\_\_\_\_ .

SIGNATURE \_\_\_\_\_ .