



Group Membership Form

Library: _____

Membership No: _____

Registration date: ___/___/___

Group name: _____

Contact Name(s): _____

Address: _____

Postcode: _____

Telephone no: _____

Membership Type: Quarterly £12.50 Annual £45 (saving £5)

Signed: _____ Date: ___/___/___

Office Use ONLY

Proof of I.D. shown: 1. _____ 2. _____

Annual Payment: _____ Instalments Book: _____

Signed: _____ Date: ___/___/___