

# FRIENDS OF IRBY LIBRARY

## Membership Application Form

Please accept my membership as a Friend of Irby Library.  
I agree to pay a subscription of **£2 per person.**

Name Mr/Mrs/Ms.....

Address .....  
.....  
.....

Post Code .....

Telephone .....

Email .....

**Your support of FRIENDS OF IRBY LIBRARY is very much appreciated.**

**Please place subscription renewal forms together with your cash/cheque in an envelope and hand into the library. Thank you.**

**Please note that membership is based individually and a form and membership fee must be paid for each family member.**

Signature..... Date .....

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