

Friends of Innerpeffray Library



Member Information Form

Your class of membership (if known):

Individual Joint Family Life Joint Life

Your Details: *(enter details for each member at the same address)*

Title	First name(s):	Last name:
Address:		
Postcode:		Country:

email address:

Phone:	Mobile Phone:
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Details of second member at same address:

Title	First name(s):	Last name:
email address:		

Phone:	Mobile Phone:
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Family members under 18:

Name(s):	D.o.B.	Name(s):	D.o.B.

Your details will only ever be used to notify you of FOIL and Innerpeffray Library activities and will not be passed on to any third party. Details will be held by the Treasurer and Membership Secretary of FOIL and by the Administration department of Innerpeffray Library.

Signature: _____ Date: _____

Please send the completed form to FOIL by one of the following methods:

- Posting it to the Iain Gilmour, Membership Secretary, c/o Innerpeffray Library, Crieff, PH7 3RF
- Handing it to a committee member
- Bringing it to a meeting
- Handing it in at the Library
- Scanning and emailing it to friends@innerpeffraylibrary.co.uk

Thank You!