

# IPSWICH INSTITUTE

## READING ROOM & LIBRARY



### MEMBERSHIP APPLICATION

I, the undersigned, hereby apply for membership of the Ipswich Institute and agree to comply with the Rules and Bye-Laws.

**Office Use**

**Full Name** (block capitals please)

Mr/Mrs/Miss/Ms/ \_\_\_\_\_

*MemNo*

**Address**

**Post Code**

**Email** (to be used for Institute correspondence)

When a single email address is given for a Household Membership, it will be taken to apply to all members.

**Telephone**

**Occupation**

**Age Group** (please circle)

<35    35-40    41-45    46-50    51-55    56-60    61-65    66-70    71-75    76-80    81+

**How did you find out about the Ipswich Institute?**

### HOUSEHOLD MEMBERS

The following permanent residents at my address wish to be admitted under my Household Membership and agree to comply with the Rules and Bye-Laws.

Title	Name	Age	Email address (if different from above)

*MemNos*

### SUBSCRIPTION

Annual **Single** subscription **£55.50**, plus joining fee **£5**.      Total **£60.50**

Annual **Household** subscription **£93.50**, plus joining fee **£5**.      Total **£98.50**

Payment method (please tick)

**Direct Debit**

(please complete mandate)

**Cheque/Cash/Card**

*Total paid*

*Pay Method*

**Signed**

**Date**

*Joining Date*

*Entered*