

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 **£54.50**, plus joining fee **£5**.

Total **£59.50**

Annual **Household** subscription **£91.50**, plus joining fee **£5**

Total **£96.50**

Payment method (please tick)

Direct Debit

(please complete mandate)

Cheque/Cash/Card

Total paid

Pay Method

Signed

Date

Joining Date

Entered