



Application for Membership

I / We would like to apply for membership of the Friends of the State Library of South Australia, in the category of:

- Ordinary Member..... \$40
- Family Membership..... \$45
- Concession \$30
- I would like to make a donation

The annual membership fee covers the period 1st January - 31st December.

Please find enclosed a Cheque or Debit my credit card

Cheques to be made payable to FSLSA
or

The Friends of the State Library of South Australia Incorporated
ABN 95 615 971 129

Credit card details Visa MasterCard

Card number _____ / _____ / _____ / _____ /

Expiry date / Name on card

Name

Address Postcode

Telephone (home)

Telephone (work)

Email

Signature Date

Please return to

Carolyn Potts
Friends of the State Library of South Australia Inc
GPO Box 419
Adelaide SA 5001
Phone (08) 8207 7255