

**MEMBERSHIP APPLICATION FORM**

*Please tick the relevant box to indicate which category of membership and your chosen method of payment*

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| --- | --- |
| 🞎 | I wish to join FIL as a **Personal** member for one year.For the duration of the membership period, I understand that I shall receive one copy of each FIL Newsletter, be eligible to receive discounts at FIL events, and to vote at the FIL Annual General Meeting. |
| 🞎🞎 | I enclose a cheque (payable to the Forum for Interlending) for either**£50.00** (Personal Membership)OR**£30.00** (Retired/Unwaged) |
| 🞎 | I wish to register my institution as an **Institutional** member of FIL for one yearFor the duration of the membership period I understand that I shall receive one copy of the FIL Newsletter; that any member of staff from my institution shall be eligible to receive discounts at FIL events, and that one member of staff from my institution shall be eligible to vote at the FIL Annual General Meeting. |
| 🞎 | I enclose a cheque for **£75.00** (Institutional Membership)Payable to the Forum for Interlending |
| 🞎 | Please invoice my institution for **£75.00** (Institutional Membership) |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Address** |  |
|  |  |
|  |  |
| **Telephone** |  | **Fax** |  |
| **Email** |  |

*Please return to:*

**Marjory Lobban** **(Membership Secretary)**
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Edinburgh

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