

Library Membership Application Form

Name/Surname:

Name/Surname of
Spouse/Partner (if
applicable):

Names of Children and Date of Birth (if applicable):

<input type="text"/>	<input type="text"/>
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Address:

I.D. Card:

I.D. Card of Spouse/Partner:

Telephone/Mobile

No.:

E-mail address:

I, the undersigned would like to apply for a Heritage Malta Library Membership Card, valid for one year from the date of issue. I would like to pay €100 by:

Cheque:

Credit Card:

Visa

Mastercard

Card Number

Expiry Date

Cash/Student Smart Card: By calling in person at the address below.

Signature :

Applications together with coloured passport size photographs are to be sent to Heritage Malta Libraries, Ex-Royal Naval Hospital, Triq il-Missjoni Taljana, Bighi Kalkara KKR9030. Telephone +356 22954230. Email: oliver.mamo@gov.mt