

Application for Membership of Dr Williams's Library

Applicant Details

Title:

First Name:

Last Name:

Post nominals:

Profession or Occupation:

Address:

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Postcode:

Telephone number:

Email Address:

Research Interest:

Member Category: General: £30.00 Minister: £20.00

First Guarantor

Full Name:

Profession or Occupation:

Address:

.....

.....

Postcode:

Telephone number:

Email Address:

Signature:

Date:

Second Guarantor

Full Name:

Profession or Occupation:

Address:

.....

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Postcode:

Telephone number:

Email Address:

Signature:

Date:

Please send the fully completed form with your remittance payable to Dr Williams's Trust to:
The Membership Secretary, Dr Williams's Library, 14 Gordon Square, London WC1H 0AR