



Growing deeper in God's grace and His knowledge

Membership Application Form

I wish to become a member of the Malta Evangelical Library and benefit from its facilities and services for:

(Please tick as appropriate)

Free Membership

€10.00 Annual Membership Fee

Application Date:

Title: Name (in capitals):

Address:

.....

..... Postcode:

Telephone: Mobile:

E-mail Address:

Local Church (if any):

Please print, fill in and return the completed form or forms, together with your annual membership fee if any. Cheques are to be made payable to Malta Evangelical Library and sent to:

Malta Evangelical Library

9, Misrah il-Barrieri Street,

Msida, Malta.

MSD 1100

Tel: 00356

Website: www.maltaevangelicallibrary.org

E-mail: info@maltaevangelicallibrary.org

Thank you for joining and we look forward to serving you.