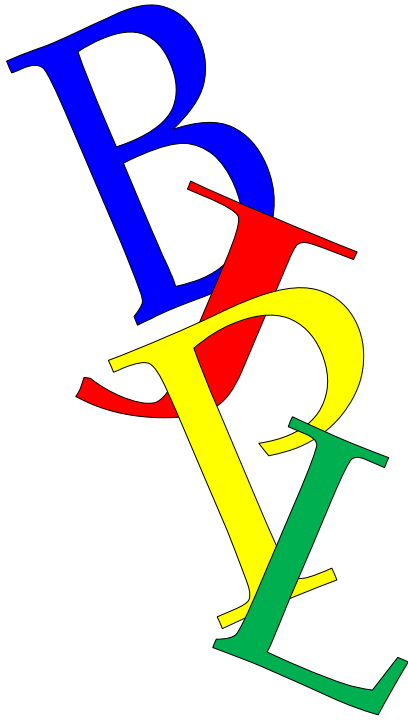


The British Jigsaw Puzzle Library Application Form for Membership



Name Of Member

PLEASE COMPLETE IN BLOCK CAPITALS

Last Name _____

First Name _____

Title _____

Address _____

Postcode _____

Phone No. _____

Billing Address if different to above

PLEASE COMPLETE IN BLOCK CAPITALS

Last Name _____

First Name _____

Title _____

Address _____

Postcode _____

Phone No. _____

Membership

Postage

The British Jigsaw Puzzle Library
Application Form for Membership

Please return completed forms to :

The British Jigsaw Puzzle Library
176 Andover Road
Ludgershall
Andover.
Hants.
SP11 9NE

Phone: 01264 393065
www.britishjigsawpuzzlelibrary.co.uk
Email: puzzlelibrary@virginmedia.com

Puzzle Details

Table or Board Size _____

Preferred size of Puzzle _____

Type of Puzzle

Interlocking

Semi Interlocking

Non Interlocking

Any

Please let us know if your board size or preferences change.

I agree to abide by the rules and conditions of the Library
I enclose a cheque for membership made payable to **BJPL**

Signature _____ Date _____

Please write any additional comments on the reverse of this sheet. Thank you.