

CITY OF BELMONT RUTH FAULKNER LIBRARY ORGANISATIONAL MEMBERSHIP FORM

Organisational Membership of the Ruth Faulkner Public Library entitles the organisation to borrow a maximum of 30 items at any given time.

An Organisational Membership will be granted upon the return of this completed form which must include the signature of the Organisation Manager.

Organisation Name: _____

Manager's Name: _____

Organisation Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

Email address: _____

I _____ of _____
(Name) (Address)

having been nominated as the CONTACT PERSON, wish to borrow resources from the Ruth Faulkner Public Library on behalf of and for the use of the members of the above named Organisation.

By signing this form I declare that:

1. I am the Manager of the above mentioned organisation and I authorise the use of the membership by the above mentioned Contact Person (signature below)
2. I understand this membership entitles the above named Organisation to a maximum of 30 library items at any given time
3. I understand that any items found damaged upon return or not returned will be paid for by the management of the above named Organisation

Signed _____ Date: _____
(Manager)

Signed _____ Position: _____ Date: _____
(Contact Person)

Office Use Only

Organisational Membership Card Number: _____

Staff member name: _____

Date: _____

