

SURNAME & INITIALS: .....  NEW  RENEWAL

MEMBER NO: ..... RECEIPT: ..... EXPIRY DATE: .....

ADULT  CHILD  TEACHER  DOUBLE MEMBER   
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**BA-PHALABORWA MUNICIPALITY - LIBRARY SERVICES - PHALABORWA**

NAME: .....  
ID NO: .....

**APPLICATION FOR MEMBERSHIP**

I hereby apply for membership of the library. I agree to abide by the provisions of the library by laws and the library rules, and certify that all information here to be correct.

DATE: .....  
HOME ADDRESS: .....  
P. O. BOX: .....  
BUSINESS: .....  
REFERENCE: .....  
REFERENCE ADDRESS: .....  
APPROVED BY: .....

SIGNATURE: .....  
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TEL: .....  
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E-mail: .....  
TEL: .....

(CHIEF LIBRARIAN)

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