



# JOIN THE LIBRARY

Please use BLOCK CAPITALS. Hand in the form at the desk and provide valid identification.

Surname

Middle name

First name

Street address

Post box (If applicable)

Postal code & place

Telephone

Send me a free SMS when I have reservations available for pickup.

E-mail address

Send me a reminder before my loans are due

*Other messages will be sent by e-mail when applicable.*

Date of birth

Sex

Female  Male

*I undertake to acquaint myself with and observe library regulations. I understand that breach of regulations may lead to loss of borrowing rights.*

Date and signature

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