

MUNICIPAL COUNCIL OF QUATRE BORNES MEMBERSHIP APPLICATION FORM

SIMONE DE BEAUVOIR LIBRARY SOD	NAC BRANCH LIBRARY
Date:	Reg No.:
	abling me to borrow books from the library, I agree to conform to the by-laws, otly all fines charged against me for the damage or loss of book and to give
Surname:	Name:
Address:	
NID No.: Age:	E-mail:
Place of school / work:	
Name of responsible party for children less than 18 year	rs old:
NID No.of responsible party:	Sig of Resp. Party:
Tel No (home).: Tel No. (offic	e): Mobile:
Deposit Fee: Receipt No.:	Annual Subs.(non-resident):
Loan period: 21 days; Fine: 0.50cs / book / day /; Mo	embership will be annulled if a person does not present himself after 5 years.
Responsible officer:	Applicant's Signature: