## **West Newfoundland Labrador Division Provincial Information and Library Resource Board** 4 West Street Corner Brook, NL A2H 0C1 Books by Mail Membership Registration Tel: 709-634-7333 Fax: 709-634-7313 Email: wbm@ill.nlpl.ca

	Phone #'s
Full Name	
Address	Home:
Community	Work:
Postal Code	FAX:
ID#:	Date of birth:
(driver's licence, mcp)	mm/dd/yy
Will you be contacting us by E-Mail? Yes N	No If yes, what is your E-Mail address:
Have you used Books by Mail within the past 3 ye	ars? Yes No
Ag	reement
<ol> <li>I agree to comply with rules and regulations of the Provincial Information and Library Resources Board</li> <li>I accept responsibility for materials borrowed from Books by Mail and for returning them when due.</li> <li>I agree to make good any loss or injury to library materials entrusted to me</li> <li>I will inform the Books by Mail staff immediately of any change of address and/or phone number;</li> </ol>	
Signature: * If you are under 13 years of age, a parent of	Date: or guardian must also sign this form below:
I am willing for my child to borrow books from Books by Mail and I promise to pay for any materials damaged or lost by my child.	
I understand the following policy of the Provin	cial Information and Public Libraries Board:
The discretion in the choice of readir guidance of young readers will be the	ng materials will be left to the adult reader and the responsibility of parents or guardians.
Signaturo	Data