

Cape Breton Regional Library

INSTITUTIONAL/EDUCATIONAL LIBRARY CARD

REGISTRATION FORM



For Staff Use Only

Category: CBINST

Branch: _____ Exp. Date: _____

Card Number: _____

Please circle:

School/Preschool Daycare(Full Year) Other

Last Name: _____

First Name: _____ Middle Name: _____

Home Mailing Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Telephone: Work: _____ Home: _____

Email Address: _____

Date of Birth: _____

School/Place of Work: _____

School/Place of Work Address: _____

Do you hold a personal Cape Breton Regional Library Card? Yes: _____ No: _____

I have read and agree to abide by the Institutional/Educational Card Terms and Procedures. I agree to receive occasional email updates from the Library, such as the book I requested is available, reminders that my books are due, Library Newsletter, etc.

Signature: _____ Date: _____

TO BE COMPLETED BY PRINCIPAL OR WORK PLACE ADMINISTRATOR

I have read and agree to the conditions set out in the Institutional/Educational Terms and Procedures, and authorize the above named individual to hold a CBRL Institutional/Educational Library Card. I understand that the Institution (School, Daycare, etc.) shall reimburse the Library for any books that are damaged or lost.

Name (please print): _____

Signature: _____ Date: _____

eMail Address: _____