



Cape Breton  
Regional  
Library

## Institutional/Educational Membership Registration Form

**CONFIDENTIAL**

| Personal Information   |  |
|--|--|
| First Name   | Last Name  |
| Middle Name  | Date of Birth (mm/yyyy)  |
| Institutional Information  |  |
| Name of Institution  |  |
| Type of Institution (Please circle one.)<br>School      Child Care Facility      Residential Care Facility      Other (Please specify):  |  |
| Contact Information  |  |
| Mailing Address of Institution (number, street, apt or site)   |  |
| Town/City  | Postal Code  |
| Primary Phone  | Alternate Phone  |
| Primary Email ( <i>By providing your email address, you are agreeing to receive notifications about your library account by email.</i> )   |  |
| Preferred Branch   | Municipality (Please circle.)<br>Cape Breton Regional Municipality (CBRM)      Victoria County |
| <input type="checkbox"/> I agree to abide by Cape Breton Regional Library's institutional/educational membership terms and policies and to take responsibility for the use of this card. |  |
| Signature  | Date   |

The following section is to be completed by workplace administrator or manager.

|   |      |
|---|------|
| <input type="checkbox"/> I have read and agree to the conditions set out in Cape Breton Regional Library's institutional/educational membership terms and policies. I authorize the above named individual to hold a CBRL institutional/educational library card. |      |
| Name  |      |
| Signature   | Date |