

**West Newfoundland Labrador Division
Provincial Information and Library Resource Board
Books by Mail Membership Registration
Tel: 709-634-6734 Fax: 709-634-7313 Email: wbm@ill.nlpl.ca**

Name _____	Phone #'s
Address _____	Home: _____
Community _____	Work: _____
Postal Code _____	FAX: _____

Age - check 1: Under 13 _____ * 13 or older _____

Will you be contacting us by E-Mail? ☐ Yes ☐ No If yes, what is your E-Mail address:

If you do not have Internet Access, please tell us which of the following lists you would like:

_____ Adult Fiction and Non-fiction
_____ Junior and Young Adult and Picture books

Have you used Books by Mail within the past 3 years? ☐ Yes ☐ No

Agreement

1. I agree to comply with rules and regulations of the Provincial Information and Library Resources Board
2. I accept responsibility for materials borrowed from Books by Mail and for returning them when due.
3. I agree to make good any loss or injury to library materials entrusted to me
4. I will inform the Books by Mail staff immediately of any change of address and/or phone number;

Signature: _____ Date: _____

* If you are under 13 years of age, a parent 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 Provincial Information and Public Libraries Board:

The discretion in the choice of reading materials will be left to the adult reader and the guidance of young readers will be the responsibility of parents or guardians.

Signature: _____ Date: _____

ID: _____ (e.g. driver's license, mcp).