

My Information – <i>please print clearly</i>	
Last Name:	
First Name:	
<i>Please complete if applicable</i>	
Child's Last Name:	Child's First Name:
Address:	
City:	Postal Code:
Phone:	Email:
Place of Work:	
Work Phone:	Work Email:
Affiliation <input type="radio"/> CLC Staff <input type="radio"/> Teacher – CSSD <input type="radio"/> U of C <input type="radio"/> CLC Client <input type="radio"/> Teacher – CBE <input type="radio"/> Literacy Alberta Member <input type="radio"/> Dr. Oakley Staff <input type="radio"/> Other _____	
I would like to enroll as a member of the LearningLinks Resource Centre. I agree to return materials promptly and in good condition. I understand that I <i>may</i> have to pay for materials that have been lost or damaged while signed out in my name.	
Signature:	Date:

All personal information collected on this form is for the purpose of setting up your membership with the "Library". Your information is kept confidential and is not sold, traded or bartered. If you have any further questions about the collection of this information, please contact the LearningLinks Resource Centre Librarian at 403.686.9300.

Library Use	
Registration Date:	Expiry Date:
Barcode Number:	
Registration Fee: <input type="checkbox"/> \$25 for Individual Membership <input type="checkbox"/> \$50 for Organizational Membership <input type="checkbox"/> \$150 for Institutional Membership <input type="checkbox"/> Comp. Membership Please make cheques payable to Literacy Alberta.	