

## Nature Care College Library : MEMBERSHIP APPLICATION

Title (Mr/Mrs/Miss/Ms):	
Surname:	••••
Given Names:	
Date of Birth:	
Sex: M/F	

Residential address	Postal Address (if different):
Phone Numbers:	
Business: Home:	Mobile:
E-mail:	

Nature Care Student No. : ...... Course Enrolled In: .....

*I agree to comply with the regulations of the Nature Care College Library as written in the Nature Care College Library Guide.* 

Please type Full name here: ...... Date: .....

A specimen of your signature is not required if you are submitting the application form electronically. By submitting the application form electronically you agree to comply with the regulations on the Nature Care College Library as written in the Nature Care College Library Guide.

## STAFF USE ONLY:

Staff Surname:	
Proof of Enrolment:	
Date:	
Proof of Name/Addre	ess: