

QPIRG LIBRARY MEMBERSHIP FORM



☞ FIRST NAME: _____
☞ LAST NAME : _____
☞ PHONE NUMBER: _____
☞ E-MAIL ADDRESS: _____
☞ ADDRESS (INCLUDING POSTAL CODE): _____

Preferred means of communications: Phone Email

Please provide us with a person whom we could contact in case your phone or email address is not working:

Name: _____
Phone number/Email: _____

N.B. The purpose of this form is to help us retrace potential missing items from the library. All the information provided remains strictly confidential and will only be available to QPIRG staff on a need to know basis. If you check the box below, your contact info will be available to volunteers.

I want my phone number and email address to be available for volunteers to call me for overdue items.

I, _____, agree to respect the QPIRG Concordia library policies, which have been outlined above.

DATE: _____

SIGNATURE OF A LIBRARY COMMITTEE MEMBER:

MEMBERSHIP #: _____