

LEILA HOFFMAN PERTH TORAH EDUCATION CENTRE LIBRARY

BORROWER'S APPLICATION FORM

Use BLOCK LETTERS please

SURNAME:

Circle: Dr Mr Mrs Ms Other

FIRST NAMES:

ADDRESS:

..... **Post code**

PHONE NUMBERS:

Home: **Work:**

E-mail:

I wish to borrow from the Leila Hoffman Perth Torah Education Centre Library.

I agree that all material lent to me shall receive proper care while in my possession, that I will recompense the Library for any loss or damage, and that I shall observe the Rules of the Library which I have read and understood.

SIGNATURE:

DATE:

CONTACT (Friend or relative at a different address)

Name:

Address:

.....

Phone number: