



LIBRARY REGISTRATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

School/Business: _____

Student Number: _____ Fax: _____

Phone Home: _____ Work: _____

E-mail : _____

ID – Drivers License # _____

Manitoba Health # _____

This undersigned agrees to accept the responsibility of making restitution due to loss or damage to MHERC MB. materials while in his/her possession. The borrower is responsible for returning materials by due date. Fees will be charged for overdue materials.

Signature _____

Office Use Only

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