

Book Group Home Library		
Location of Group: <i>(eg town, village, workplace)</i>		
Group Contact:		
Contact Name:		
Address:		
Postcode:	Telephone:	Mobile:
E-mail Address:		
Membership Number:		

I agree that I am responsible for all items borrowed on this membership and I agree to observe all Midlothian Council Library Management Rules.

Signature: _____ **Date:** _____

Library use only

ID	Borrower Number
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