

## Register your Book Group

Question	Answer
Book Group Home Library	
Location of Group: (e.g. town, village, workplace)	
Group Contact Name:	
Group Contact Address and Postcode:	
Group Contact Telephone:	
Group Contact Email:	
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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