



Corporate Membership Application

(please print and return to the Central Branch at 130 Johnson Street, Kingston, ON. K7L 1X8)

Responsibility Form for Loan of Materials to Kingston and Frontenac County Area Businesses, Organizations or Institutions

- Form must be signed by the administrative officer of the organization (e.g. CEO, Director, owner of business, etc.) who thereby assumes responsibility for personnel using the card and for the material borrowed on the card.
- Card must be presented to borrow materials. If card is lost, the library should be notified immediately. A new form must be signed if a duplicate card is necessary.
- Card is issued for one year from date of application. School memberships expire in August and must be renewed each September. Any charges for lost or damaged materials must be paid in full before the card is renewed. Receipts may be requested.
- Card is restricted for use by those 18 years of age or over unless a current note signed by the senior administrative officer is presented with the card.
- Any infractions of these rules will be considered grounds for revoking the institutional membership.

NAME OF INSTITUTION: _____

SENIOR ADMINISTRATIVE OFFICER: _____

CONTACT PERSON (if different from Senior Administrative Officer):

LAST NAME _____ **FIRST NAME** _____

PREFERRED NAME: _____

EMAIL ADDRESS _____

You will receive emails about reservations, due dates, surveys, emergency closures, and a series of welcome emails for new cardholders.

I would also like to receive the library's e-newsletter about new services and programs.

LOAN HISTORY: Keep track of the items you've borrowed from the library. This doesn't include digital collections.

ADDRESS OF INSTITUTION: _____

TELEPHONE OF INSTITUTION: _____

I agree to comply with the rules of the Kingston Frontenac Public Library, to pay all fines, to make good any loss of, or damages to property incurred by me (or by my staff) and to give immediate notice of any change of address.

SIGNATURE: _____
(Institution)

DATE: _____ **EXPIRY DATE:** _____

STAFF ONLY (Please print clearly)

LIBRARY CARD # _____

SIGNATURE: _____
(Kingston Frontenac Public Library)

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