



**huguenote kollege**  
Waar Christenwees grondvat in opleiding

# Library Membership

(Non-Huguenote Kollege Clients)

Title: .....

Name..... Surname.....

ID. nr														
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Home address:

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 .....

Contact nr..... Email address: .....

Degree(s) /Subject	Institution	Duration of study
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Reason for application (please indicate why you need to use our resources):

.....  
 .....

I agree to abide by the Library Rules and Regulations.

Signature: ..... Date : .....

Please return your completed form to: The Librarian, Huguenote Kollege, College Street, P.O Box 16 Wellington 7654

<b>For office use:</b>	
Membership nr.....	Date: .....
Received by: .....	
Starting date.....	Expiry date.....

