

Lending Library Membership Application

TECHConnection

35 Haddon Avenue
Shrewsbury, NJ 07702

Phone: 732-747-5310
Fax: 732-747-1896
www.techconnection.org

Date: _____

Child's Name: if applicable _____ Age: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: home: _____ Work: _____

Email: _____

Disability: _____

Special concerns: (check and / or make comments)

Vision Hearing Physical Uses Wheelchair Special Seating

Comments: _____

School attending: _____ Town: _____ Grade: _____

Home Computer (Type) _____ School Computer: _____

Lending Library Dues: \$25.00 New Renewal

Make check payable to: **TECHConnection**

***Charge card number must be left at time of borrowing.**

***If item is not returned, your card will be charged for the cost of unreturned item.**

*Circle One: American Express, Visa, MasterCard

*Account Number: _____ Exp Date: _____

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I have received a copy of the Lending Library Agreement and will abide by its terms. Yes
 No

Signature

Date