BOTSWANA NATIONAL LIBRARY SERVICE

ADULT MEMBERSHIP FORM

BNLS FORM (AGE 35 AND ABOVE)

PHOTO
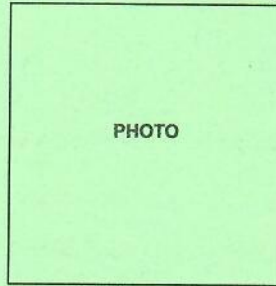
## SECTION 1

**For official use only**

Miss/Mrs./Mr./Dr./Prof, (other) _____ _____
                                        (Surname in full)                    (Name(s) in full)

Tickets issued _____ Expiry _____

*EVERY MEMBER IS RESPONSIBLE FOR THE BOOKS BORROWED AGAINST HIS/HER TICKETS. MMADI MONGWE LE MONGWE O NA LE BOIKARABELO JO BO TLETSENG MABAPI LE DIBUKA TSE DI ADIMILWENG KA DIKARATA TSA GAGWE.*

## SECTION 2

### TO BE COMPLETED BY APPLICANT – GO TLATSA MOIKOPEDI

I wish to become a member of Botswana National Library Service. I have read the regulations and I will abide by them at all times. Ke batla go nna leloko la Botswana National Library Service. Ke badile melawana mme ke itlama go e obamela ka nako tsotlhe.

Surname/Sefane _____ Forename(s) Leina _____

Tel: Home _____

Business _____

E-mail _____

Cell _____

Present address (Postal /Aterese ya jaanong _____

Physical address/Aterese ya bonno _____

Street/Mmila _____ Home No./Nomoro ya ntlo _____ Ward/Kgotla _____

National & Passport No. _____ Omang No. _____ Exp. Date _____

Non-permanent resident, state duration of stay in Botswana _____

Permanent home address (postal) Aterese ya legae la tlholego _____

_____

Physical address/Aterese ya bonno _____

Street _____ House No. _____ Tel No. _____ Ward/kgotla _____

Signature/Seatla _____ Date/Kgwedi _____

Occupation e.g. Public Officer, Housewife, Farmer, Self employed (if student state institute):

_____ Institution _____

Expected year of completion: MONTH _____ YEAR _____

Qualification: e.g. Primary Education, Junior Certificate, Cambridge School Certificate, University

Diploma, Degree, Masters, PHD OR other, please specify_____


# SECTION 3

## RECOMMENDATION / PUELELO

Please get anyone of these two people to recommend you.
Kopa puelelo mo go mongwe wa batho ba ba latelang:


3.1 I (Parent/guardian) recommend the applicant for membership of library Service.
(Tick where appropriate)
Ke le motsadi/motlhokomedi ke buelela moikopedi go tswa lekoko la motlobo wa dibuka
(Tshwaa fa go tshwanetseng)

Name/Leina _____

Address/Aterese _____


Telephone: Home _____ Business _____ Cell _____

Occupation/Tiro _____

Signature/Seatla _____ ID No. _____ Date _____

### TO BE COMPLETED BY HEAD OF INSTITUTION (In addition, please put company/office stamp)

3.2 Head of institution

Name_____

Name of recommending official _____ Position _____

Address_____ Tel: (Bus) _____ Cell: _____

Signature/seatla _____ Date/Kgwedi _____