

\_\_\_\_\_  
DATE

Sidney Martin Library  
University of the West Indies  
Cave Hill Campus

Dear Sir/ Madam

I wish to be considered for registration as a library user with **BORROWING/ REFERENCE ONLY** privileges. \* I **have / have never** been a member of a library on this campus.

I submit, with this application, evidence of being qualified for such registration.

Yours faithfully

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\*If you have held membership of any library on this campus please give details including dates and form of name at registration.

**Reasons for use of library:**