

THE COLLEGE OF THE BAHAMAS

Libraries & Instructional Media Services

Friends Membership Application Form



Contact Information			
Name			
Address			
Phone (Bus./Home)			
E-Mail Address			
Areas of Interest (tick all that apply)			
<input type="checkbox"/>	Bahamian History and Culture	<input type="checkbox"/>	Business (Banking, Management, etc.)
<input type="checkbox"/>	Humanities (Literature, Language, Music, etc.)	<input type="checkbox"/>	Education
<input type="checkbox"/>	Social Sciences (History, Law, Tourism, etc.)	<input type="checkbox"/>	Nursing and Health Sciences
<input type="checkbox"/>	Natural Sciences (Physics, Marine Sciences, etc.)	<input type="checkbox"/>	Adult Continuing Education
<input type="checkbox"/>	Other (please specify):		
Type of Membership			
<input type="checkbox"/>	Faculty/Staff/Student (\$10)	<input type="checkbox"/>	Alumni (\$25)
<input type="checkbox"/>	Patrons & Associates (\$50)	<input type="checkbox"/>	Organisations & Institutions (\$300)
<input type="checkbox"/>	Lifetime (\$1000)	<input type="checkbox"/>	
Payment Plan			
<input type="checkbox"/>	Per Annum	<input type="checkbox"/>	Bi-Annually
<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Life
Method of Payment			
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Certified Cheque
Payable to: College Library Fund The College of The Bahamas P.O. Box N4912 Nassau, Bahamas			
Signature			
Signature		Date	

Thank you for contributing to the growth of the Library.