



**Abdul Hameed Shoman Public Library  
Application for individual/Family Membership**

I, the undersigned, wish to subscribe and acquire membership in Abdul Hameed Shoman Public Library. I undertake to comply with all regulations and instructions listed hereunder, and take responsibility for accuracy of information provided in this Application.

**First:** Personal Information:

Name: .....	Profession: .....
ID Type: .....	Place of work: .....
ID No.: .....	Work Phone No.: .....
Place and Date of Issuance: .....	Home Phone No.: .....
Nationality: .....	Mobile No.: .....
E-mail address: .....	
P.O Box: ..... Postal Code: ..... City: .....	

**Second:** Benefiting Family Members

Name(s) of benefiting family member(s) (please include relationship to applicant):		
1- .....	2- .....	3- .....
4- .....	5- .....	6- .....

**Third:** Referring Person Information (Referring person must be a Jordanian citizen and should not be a benefiting family member.)

Name (First, middle, last): .....	Home Phone No.: .....
Place of work: .....	Work Phone No.: .....
Home Address: .....	Mobile No.: .....

**Forth:** Commitment to comply with subscription and membership regulations and rules.

1. Use of membership card shall be restricted to applicant and family member(s) mentioned above.
2. Person will present ID to loaning clerk when requested to do so.
3. Undertake to take care of borrowed books against damage.
4. Undertake to compensate library for borrowed books that were damaged or lost, in accordance with the Library's applicable regulations and rules.
5. The Library shall have the right to take action that it deems appropriate in the event that borrowed books are overdue the loaning period (14 days.)
6. Undertake to maintain membership for at least six months.
7. The Library shall have the right to suspend or cancel membership for non-compliance with Library regulations and rules.
8. Undertake to immediately report the loss of membership card to the Library.
9. The Library shall have the right to verify the address of referring person mentioned in the Application.

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

**Fifth:** Official Information

Subscription No. ....	Receipt No.: .....	Receipt Date: .....
Receiving Clerk: .....	Serial No.: .....	Data Entry Clerk: .....
Head of User Services Section: ..... Signature: .....		