

**BOTSWANA NATIONAL LIBRARY SERVICE
LIBRARY SERVICES FOR PEOPLE WITH DISABILITIES
MEMBERSHIP FORM**

BNLS FORM

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 ONALE BOIKARABELO JO BO TLETSENG MABAPI LE DIBUKA TSE DI ADIMILWENG KA DIKARATA TSA GAGWE.

SECTION 2

TO BE COMPLETED BY THE APPLICANT-GO TLATSA MOIKOPEDI

I wish to become a member of Botswana National Library Service. I have read the regulations and 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 tholego _____

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 of Certificate, University Diploma, Degree, Masters, PHD or other, please specify _____

Type of disability /Mofuta wa bogole jwa gago. _____

SECTION 3

RECOMMENDATION /PUELELO

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

3.1 I (parent/guardian) recommend the applicant for membership of the Library Service.

(Tick where appropriate)

Ke le motsadi/motlhokomedl ke buelela moikopedi go tswa leloko 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 _____