

BNLS FORM (AGE 18 - 35 YEARS)

BOTSWANA NATIONAL LIBRARY SERVICES  
YOUTH MEMBERSHIP FORM

PHOTO

**SECTION 1**

**FOR OFFICIAL USE ONLY**

Miss./Mrs./Dr./Prof. (other) \_\_\_\_\_  
(Surname in full) (Name (s) in full)

Ticket issued \_\_\_\_\_ Expiry \_\_\_\_\_

*EVERY MEMBER IS RESPONSIBLE FOR THE BOOKS BORROWED AGAINST HIS/HER TICKETS. MMADI MONGWE LE MONGWE O NALE 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 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 \_\_\_\_\_ House 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 tlhologo \_\_\_\_\_

Physical address/Aterese ya bonno

Street \_\_\_\_\_ House No. \_\_\_\_\_ Tel.no. \_\_\_\_\_ Ward/ Kgotla \_\_\_\_\_

Signature/Seatla \_\_\_\_\_ Date /Kgwedj \_\_\_\_\_

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

\_\_\_\_\_ Institute \_\_\_\_\_

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 \_\_\_\_\_

Age group: 0-5    6-10    11-14    15-24    15-44    45-54    55-64    65-  
above

**SECTION 3**

**RECOMMENDATION /PUELELO**

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

3.1 (Parent /Guardian) recommend the applicant for membership of the Library Service.  
(Tick where appropriate)

(Ke le motsadi/motlhokomedi ke buelele moikopedi gotswa lekoko la motlobo wa dibuka  
(Tshwa 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 Employer/Head of institution**

Name \_\_\_\_\_

Address \_\_\_\_\_ Tel: (Bus) \_\_\_\_\_ Cell: \_\_\_\_\_

Signature/Seatla \_\_\_\_\_ Date/Kgwedi \_\_\_\_\_

**3.3 Head of Training Institute**

Name \_\_\_\_\_

Address \_\_\_\_\_ Tel: (Bus) \_\_\_\_\_ Cell: \_\_\_\_\_

Signature/Seatla \_\_\_\_\_ Date/Kgwedi \_\_\_\_\_