

**H. Grady Bradshaw Chambers County Library
Organization Registration Form**

Date: _____

Name of Organization: _____

Name of Individual Filing Application: _____

Office Held/ Responsibility in Organization: _____

Address: _____

Phone: _____

(Signature)

(Today's Date)

I have read and agree to comply with the rules governing the use of the meeting room and library property as set forth by the Bradshaw Library.

I take responsibility for the key(s) issued for use by our organization. I understand the key(s) must be returned to the library book drop, at the front entrance, immediately following our meeting. A \$25.00 lost key fee will be applied for lost and damaged keys.

(Signature)

Barcode #