

**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 #