

**LaFayette Pilot Public Library / Chambers County Library
Organization Registration Form**

Date: _____

Name of Organization: _____

Address of Organization: _____

Name of Individual Filing Application: _____

Office Held or Responsibility in Organization: _____

(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 LaFayette Library.