



# Islamic Society of Tampa Bay Area

7326 E. Sligh Ave Tampa, FL 33610  
Phone: 813-628-0007 Fax: 628-0020

## LIBRARY MEMBERSHIP APPLICATION

<p><b>Annual Membership Fee: \$35</b> + \$15 for 2<sup>nd</sup> family member; \$10 for 3<sup>rd</sup> and more.</p> <p><input type="checkbox"/> Individual Membership \$35 <input type="checkbox"/> Family Membership \$35 + _____ Total: _____</p>
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### Section A

Applicant Name: .....

Address: .....

City: .....

State: .....

Zip Code: .....

Phone: .....

Mobile: .....

Email: .....

### Section B Complete this section only if signing up for family membership

Spouse's Name: .....

Child(ren)'s Name(s):

1.....

2.....

3.....

4.....

### Section C

Signing this application indicates the acceptance of responsibility for any fines, damage fees, and replacement costs for any materials borrowed.

#### Rental Privileges

- Each member may borrow a maximum of three books for a period of three weeks at a time.
- Each member may borrow two audio or video items for a maximum of three weeks.

**Late Fees:** 50¢ late fee will be incurred per item for each day late.

Materials provided are for informational purposes. The library's staff and ISTABA do not necessarily endorse the contents or the views expressed in any of the materials and cannot be held responsible for materials located at or accessed through the library.

Applicant Signature: ..... Date: .....

#### Office Use Only

Amount Paid \_\_\_\_\_  Amount Due \_\_\_\_\_  Paid Cash  Paid Check No. \_\_\_\_\_

Start Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_