

**Community
Group
Organization #**



ORGANIZATIONAL MEMBERSHIP FORM

Name of Organization _____

Address _____ **City/Town** _____ **Postal Code** _____

Contact Name _____

Telephone _____ **Fax** _____

Email Address: _____

Liability Statement

I understand that

- The Halton Resource Connection accepts no responsibility for injury caused by equipment borrowed.
- I am responsible for any equipment borrowed from The Halton Resource Connection
- I am responsible for returning equipment to The Halton Resource Connection in the same condition that it was borrowed.
- I am financially responsible for damage done to the equipment
- I am responsible for fines incurred on overdue items.

Signed: _____ **Date:** _____

Each staff member of your organization is required to complete an individual membership form and will receive a membership card.

Member	Date	Entered into Database	Membership Form on File

Do you wish to open an account for purchases made at THRC YES NO

If Yes, indicate the person(s) who will have credit privileges

SIGNING PRIVILEGES ARE GIVEN TO THE FOLLOWING MEMBERS

Name (Please Print)	Signature

For Office Use Only	
Total Members	_____
Payment	_____
Date Received	_____
Membership Cards Completed	_____
Completed by	_____