



**CONFUCIUS
INSTITUTE**
IN EDMONTON

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Library Membership Application

Please check one: Teacher Student General Public

Last Name: _____

First Name: _____

Gender: Male Female

Birth Date: _____

Parent/Guidance's name (if applicable) _____

Permanent Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____

Email: _____

School _____

Add my email address to your mailing list

Applicant's Signature

Date

(For office use only)

Photo ID Document _____ ID No. _____

Library Card No. _____