

Registration Form

Henry S. Olcott Memorial Library - The Theosophical Society in America

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Birthdate: _____

I am currently a member of the Theosophical Society in America: Yes _____ No _____

[Members of the Theosophical Society in America who are residents of the United States receive free library privileges as part of their membership. If you are not a member there is a fee to borrow books from the Library. Please complete information on page 2]

I agree to the borrowing conditions of the library and accept responsibility for the materials checked out in my name.

Signature _____

Date _____

Mail or fax this completed form to:

Henry S. Olcott Memorial Library
P. O. Box 270
Wheaton, IL 60187-0270
Fax 630-668-4976

