



**Robeson County
Partnership for Children, Inc.**

Membership Agreement Form

Member Information

Member # _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ Phone # _____

City: _____ State: _____ Zip: _____ County: _____

Membership Information: I qualify for membership as a:

_____ Parent _____ Grandparent _____ Other _____ # of children aged 0-5

_____ Director _____ Child Care Provider _____ Agency Worker

_____ PSRC Teacher _____ ECE Student _____ Volunteer _____ Other

Place of Employment: _____

All of the privileges and responsibilities of membership in the Smart Start Resource Lending Library are included in the Membership Agreement which was provided to the applying member on the date of this application. My signature below signifies that I have been given a copy of the Membership Agreement and that I have read it and will abide by this agreement. I understand that if I do not abide by the conditions of this agreement, I may not be eligible to use the Smart Start Resource Lending Library in the future.

Signature of Member Date

Signature of SSRL Staff Date