

**ELLIOT LAKE PUBLIC LIBRARY
TEEN ADVISORY GROUP (TAG)
MEMBERSHIP APPLICATION**

Deadline for Application is Tuesday, September 30, 2009

Last Name		
First Name		
Phone #		
E-mail		
Address:		
Street		
City		
Postal Code		
School		
Grade		Age:
Parent/Guardian Signature		
Tell us about yourself and how you feel about the library.		
Why do you want to be a member of the Teen Advisory Group?		

<http://www.elliottlakelibrary.com/en/>
 Email us: smorin@city.elliottlake.on.ca
 461-7204 ext. 2801