

**APPLICATION FORM FOR REGISTERING AS A USER OF
THE STRATHMARTINE CENTRE**

NAME (and qualifications):

.....

PRESENT OCCUPATION:

ADDRESS:

.....

.....

Telephone no.: **E-mail:**

Purpose for which The Strathmartine Centre would be used:

.....

.....

.....

Do you require a desk? YES/NO

Names and addresses of two referees:

1).....

2).....

Address.....

Address.....

.....

.....

.....

.....

Would you like to be kept informed about future seminars/events? YES/NO

Date you wish to commence use of Centre/Study Room

Signature of applicant **Date**

For office use only

Room assigned (if applicable)

Date of Departure **Keys/Deposit returned**