



Membership Agreement

I have read, understood and accepted the terms of Connecticut Clearinghouse Membership. Therefore, I agree to: (a) prepay the annual membership fee; (b) pay late fees on overdue items; (c) return materials on or before the stated return date.

I agree to assume full responsibility for all audiovisual materials, curricula and books borrowed from CT Clearinghouse and to pay for the loss or theft of, or damage to, said materials while in my care; the amount of payment to be determined by the lender.

A maximum of 3 books and 2 curricula may be borrowed for 21 days. I agree to pay the sum of 10¢ per day for every day that each book/curricula is overdue. A maximum of 2 audiovisuals may be borrowed for 2 weeks. I agree to pay the sum of 50¢ per day for every day that each audiovisual is overdue. In consideration of the needs of other patrons, I agree to return the material by the due date.

If I do not hand-deliver the borrowed materials to CT Clearinghouse, I agree to return them via insured mail through the carrier of my choice. Each audiovisual must be insured for \$200 and each audiocassette insured for \$10.

I understand that Federal law provides severe and criminal penalties for the unauthorized reproduction, distribution or exhibition of copyrighted audiovisual materials. I also understand that the staff of CT Clearinghouse reserves the right to suspend or terminate my membership if I violate the terms of membership as stated in this agreement.



A Program of Wheeler Clinic

Membership Application

Name: _____

E-Mail Address: _____

Your Job Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

- Send Materials to: Business Home
Membership Status: New Renewal
Fee Paid: \$10 per membership
Credit Card Name: VISA Mastercard
 Check (Please make payable to Wheeler Clinic)

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Today's Date: _____

Print and mail the completed form with your check, payable to Wheeler Clinic, Inc., to:

**Wheeler Clinic, Inc.
Accounting
91 Northwest Drive
Plainville, CT 06062**

**Call Connecticut Clearinghouse if paying by Visa or Mastercard.
1.800.232.4424 or 860.793.9791**