



Connecticut's library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness and other related topics

**CONNECTICUT CLEARINGHOUSE 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 DVDs, curricula and books borrowed from Connecticut 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 6 books/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 3 DVDs may be borrowed for 21 days. I agree to pay the sum of 50¢ per day for every day that each DVD 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 Connecticut Clearinghouse, I agree to return them via insured mail through the carrier of my choice. Each audiovisual must be insured for \$100.

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

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

**Send Materials To (Please check one):**  Home  Business/School

\* Home Address \_\_\_\_\_

**Business Name:** \_\_\_\_\_

\* City: \_\_\_\_\_

**Job Title (if applicable)** \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

**Address:** \_\_\_\_\_

\* Home Phone: \_\_\_\_\_

**City:** \_\_\_\_\_

\* indicates required fields

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Electronic Mail List Selection:**

Newsletter only  Prevention Listserv: information on trainings, grants, etc. & Newsletter  None

**eBooks & Other Electronic Media:**

Yes, sign me up  No Thanks

**\$ 10 Membership Fee – Payment Method:**  Cash  VISA/Mastercard  check (payable to Wheeler Clinic)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Connecticut Clearinghouse is funded by the Connecticut Department of Mental Health and Addiction Services