

Library request form

Please print off this form and return it with your cheque to:
STAMMA, Box 140, 43 Bedford Street, London WC2E 9HA.

Name _____

Address in UK _____

(Note: We only post to addresses within the UK (*not* Republic of Ireland).)

Telephone number _____ **Email** _____

Book(s)/DVD(s) wishing to borrow (six week loan period):

Book/DVD Title

Author

1)

2)

3)

4)

5)

6)

I am a STAMMA member/qualified speech and language therapist (delete as applicable).

Maximum loan six items. Please make cheques payable to STAMMA

Total amount paid: _____ Date: _____
(£2.50 per item)

Please help us by returning your books and other items to us, as they are due, so that we can keep our records up to date, and, most importantly, others can continue to benefit from this Library Loan Service. We depend on your co-operation. Thank you.

For Office Use only:

Date sent .../...../.....

Date due

Books: /...../.....
DVDs /...../.....