

BRUNSWICK ELECTRIC MEMBERSHIP CORPORATION
MEETING ROOM REQUEST

Date: _____

Organization Requesting Room: _____

Date(s) Requested: _____

Time Requested: _____

Individual Making Request: _____

Address: _____

Phone Number: _____

Please state purpose: _____

Specify number attending: _____

Specify Equipment Requested (24 hour notice required for requested equipment):

- | | | |
|--|--|--|
| <input type="checkbox"/> Projector | <input type="checkbox"/> Cordless Microphone | <input type="checkbox"/> Easel & Markers |
| <input type="checkbox"/> Wireless Internet | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Flip Chart |

I am an active BEMC member and agree to the BEMC guidelines accepting responsibility for the proper, safe and orderly use of the Meeting Room.

BEMC Member: _____

Address: _____

Phone number: _____ Account number _____

Signature: _____

Approved by: _____ Date: _____

Brunswick Electric Representative

Send your completed application to: BEMC, ATTN: Meeting Room by email: info@bemc.org or fax: 910-755-4299 or mail to: PO Box 826, Shallotte, NC 28459. We will notify you promptly if the space is available for your use.
Thank you.