



Navigator Library Access Project (NLAP) Library Registration of Interest

A pathway to maintaining quality of life and independence

Registration of library interest in partnering with the Macular Degeneration Foundation in delivering the Navigator Library Access Project within the local government area.

Library Officer: _____

Position: _____ Signature: _____

Date: _____

Contact Details

Library Name: _____

Contact person(s) at library for NLAP: _____

Position(s): _____

Direct telephone line of contact person(s): _____

Email for contact person(s): _____

What days do the contact person(s) work: _____

Postal Address: _____

Suburb: _____

State: _____ Postcode: _____