

MEMBERSHIP APPLICATION

IF APPLICANT IS UNDER 16 A PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM

Mr Mrs Miss Ms Other

Surname: Given: Middle:

Postal Address: D.O.B:

Postcode: Home Ph:

Other Address: Mobile:

Postcode:

Email: If supplied, your email will be used for overdue and reservation notices

I undertake to observe library policies and procedures, make good the loss or damage to any item lent to me, pay any charges or fines incurred, notify any changes of my address, and observe the requirements of the NSW Library Act & Regulations.

Signature: Date:

Family members under 16 years wishing to join

Surname: Given: Middle:

Date of birth: Permission to use the internet YES NO

Barcode: Gender: Male Female

Surname: Given: Middle:

Date of birth: Permission to use the internet YES NO

Barcode: Gender: Male Female

Surname: Given: Middle:

Date of birth: Permission to use the internet YES NO

Barcode: Gender: Male Female

Type of ID sighted: Staff signature:

Barcode: Checked: