

# LIBRARY MEMBERSHIP FORM



## Applicant Details

|                 |                      |            |                             |                              |                               |                             |                             |
|-----------------|----------------------|------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|
| Surname:        | <input type="text"/> | Title:     | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr |
| First Name(s):  | <input type="text"/> |            |                             |                              |                               |                             |                             |
| Address:        | <input type="text"/> |            |                             |                              |                               |                             |                             |
| Suburb          | <input type="text"/> | Postcode:  | <input type="text"/>        |                              |                               |                             |                             |
| Postal address: | <input type="text"/> |            |                             |                              |                               |                             |                             |
| Suburb:         | <input type="text"/> | Postcode:  | <input type="text"/>        |                              |                               |                             |                             |
| Phone (h):      | <input type="text"/> | Phone (w): | <input type="text"/>        |                              |                               |                             |                             |
| Phone (m):      | <input type="text"/> | Fax:       | <input type="text"/>        |                              |                               |                             |                             |
| Email:          | <input type="text"/> |            |                             |                              |                               |                             |                             |
| Date of Birth:  | <input type="text"/> |            |                             |                              |                               |                             |                             |

## Computer Policy

I have read the Internet/ Computer Policy and agree to abide by the terms and conditions (✓)

## Privacy Policy

All patrons are assured their personal details will only be used for Library/ Council purposes.

## Declaration and signature

**I agree to comply with City of Canada Bay Library Services Regulations, to pay promptly any fines or charges for damaged items borrowed on my card and to give immediate notice of any change of address or phone number.**

|  |                      |       |                      |
|--|----------------------|-------|----------------------|
| Name of Parent/ Guardian: (For person <u>under 18</u> years of age <u>ONLY</u> ) | <input type="text"/> |       |                      |
| Signature of Parent/ Guardian:   | <input type="text"/> | Date: | <input type="text"/> |
| Signature of applicant:  | <input type="text"/> | Date: | <input type="text"/> |

## City of Canada Bay Library Service

Visit one of the libraries with the completed form and identification with your name and **current** address to become a member of the City of Canada Bay Library Service.

**Concord Library**  
60 Flavelle Street, Concord 2137  
Tel: 9911 6210

**Five Dock Library**  
Level 1, 4-12 Garfield Street, Five Dock 2046  
Tel: 9911 6310

## For Office Use Only

|        |                      |           |                      |             |                      |
|--------|----------------------|-----------|----------------------|-------------|----------------------|
| Proof: | <input type="text"/> | Card No.: | <input type="text"/> | Staff Name: | <input type="text"/> |
|--------|----------------------|-----------|----------------------|-------------|----------------------|