

### Library Services New Member Form

Member No: \_\_\_\_\_ Office use only

Last name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address \_\_\_\_\_  
(if different)

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_

Concession Card: (Please circle) Pension card  
Senior card  
Health care card  
Other: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin Yes No

I would like to be notified of Library events via Email Yes No

### Parent/Legal Guardian Details

\_\_\_\_\_  
**Last name:** \_\_\_\_\_

**Given Name:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Postal address** (if different from above) \_\_\_\_\_

#### Declaration

- I accept that monitoring the Applicant's use of these resources and services is my responsibility.
- By signing this form I agree to comply with the library's policies and guidelines. I will notify the Library if I change my address or my card is lost or stolen.

**Note: Members are responsible for costs incurred for loss or damage of library resources.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_