



Library Membership Application Form

Please use block letters

Mr / Mrs / Miss / Ms / Dr (please circle) **Sex - Male** **Female**

Family Name _____

Given Names _____

Residential Street Address _____

Suburb _____ **Post Code** _____

Phone: Home _____ **Work** _____ **Mobile** _____

Email Address _____
(if checked regularly)

Alternative Contact (second contact)

This is required as a condition of joining

- Can be a relative, friend or work colleague who is **aged 18+** and
- Does **not** reside at the above address

Contact Name _____

Street Address _____

Suburb _____ **Postcode** _____

Phone _____

Children's Names – Under 18 (if applicable)

(1) _____ **Date of Birth** _____

(2) _____ **Date of Birth** _____

(3) _____ **Date of Birth** _____

(4) _____ **Date of Birth** _____

Parent / Guardian Name _____

Staff Signature _____

Sheet no. _____