



Your Local Library

Wimmera Regional Library Corporation Membership Application

SURNAME: (Please print).....(Mr/Mrs/Miss/Ms)

FIRST NAMES:.....

Postal Address:.....

Post Code:.....MUNICIPALITY:.....

Home Address (if other than above i.e. Road name):.....

.....Post Code:.....

Phone: (H).....(W).....Date of Birth.....

School/Educ. Inst.: (If applicable):.....

Licence Number: OR Alternate ID Details:

Email:

Male Female Please tick

FOR PARENT OR GUARDIAN TO COMPLETE FOR APPLICANTS UNDER 18

Name of parent/guardian: (Please print).....

Address (if different from applicant).....

.....Post Code.....

Phone (if different from applicant): (H).....(W).....

Internet Authorisation

I am signing this form authorising my child to use the Internet in the full knowledge that there is a possibility of exposure to sites that contain material that may be considered offensive. I acknowledge that the Library does not control the information available over the Internet and is not responsible for its content, nor for any access that is made to this information.

Parent/Guardian Signature:(Must be signed by parent in person)

Librarian's Name & Signature:

Date:Branch:

- This form will only be valid if it has been signed by the parent or guardian in person authorising unsupervised use. Once it has been signed the applicant may make bookings as normal upon presentation of their library card.

STAFF USE:

Membership No. U _____ Lost card Fee paid Replacement card

Privacy Policy - The Wimmera Regional Library Corporation respects your right to privacy and the protection of your personal information. A copy of our Privacy Policy may be obtained at any branch.