



MEMBERSHIP APPLICATION

YOUR DETAILS (PLEASE PRINT IN BLOCK LETTERS)

TITLE	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS	POSTAL ADDRESS
<input type="text"/>	<input type="text"/>

HOME NUMBER	MOBILE NUMBER	OTHER NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS	DATE OF BIRTH
<input type="text"/>	<input type="text"/>

PREFERRED CONTACT METHOD

SMS TEXT MESSAGE
 EMAIL
 PHONE CALL
 POST

MEMBERSHIP TYPE

JUNIOR (0-12)
 ADULT (18-25)
 ADULT (25-45)
 YOUNG ADULT (13 - 18)
 ADULT (45-65)
 ADULT (65+)

TEMPORARY MEMBERSHIP

TV1 V12
 TV2

WOULD YOU LIKE TO SUBSCRIBE TO THE FOLLOWING LIBRARY NEWSLETTERS?

LIBRARY UPDATES
 CHILDREN SERVICES
 TECHNOLOGY
 STORY TIME
 SCHOOL HOLIDAY ACTIVITIES
 OTHER

I HAVE READ AND AGREE TO FOLLOW THE ESPERANCE PUBLIC LIBRARY MEMBERSHIP TERMS AND CONDITIONS

DATE

FOR APPLICANTS UNDER 18 YEARS - PARENT / GUARDIAN CONSENT IS REQUIRED

NAME PARENT / GUARDIAN	RELATIONSHIP TO APPLICANT	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

CONDITIONS

ID CHECK

STAFF MEMBER

LIBRARY CARD NUMBER

RATE PAYER CHECKED
 DETAILS IN LMS
 E-RESOURCES

STAFF