



Card No: P

### Library Membership Form

Mr / Mrs / Miss / Ms

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone : \_\_\_\_\_

Mobile : \_\_\_\_\_

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

Date of Birth   /   /

Password / Pin \_\_\_\_\_

Languages read \_\_\_\_\_

\_\_\_\_\_ Guardian name \_\_\_\_\_

Council will protect the quality and integrity of any personally identifiable information. As such any information provided by you will be used for the purpose for which it was collected and any other authorised use.



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