

## Wingecarribee Public Library Junior application

New Member Replacemen		nt card Change of address		Reciprocal	Change of Name	9	
Family Name:							
Given Names:			D	Date of Birth:			
Email Address:							
Mobile phone:			Но	ome phone:			
Four digit Interne	et Access Pin:_		School:				
Residential Addre	ess:						
Suburb:			Postcode	e:			
Postal Address: _							
Postcode:							
Yes, please regis	ter me for	Bilby Club 0	-4 F	Possum Club 5-1	2		
		Pre-overdue	notices I	ibrary e-Newsle	tter		
AGREEMENT:							
are taken care of	. I will pay and ot responsibili	y fees and cha ty for my chil	arges that may be	incurred. As the	I that all items bor library is not a ce nformation techno	nsoring	
Parent/Guardian	Name (please	e print):					
Parent/Guardian signature:				Date:			
The information contained on the Application Form is subject to Privacy Legislation.  The library collects information for borrower registration to be used solely for the purposes of identifying its clients and the general characteristics of its clientele for statistical information.  Personal information is not divulged to anyone.							
Staff use							
<del></del>			Old meml	Old member no:			
Parent no:			ID:			_	
Reciprocal Library:			Reciproca	Reciprocal member no:			
Paid:			Staff initia	Staff initial:			