



Wingecarribee Public Library

Adult application

New Member Reciprocal Change of Name
Mr Mrs Miss Ms Other

Family Name: _____

Given Names: _____ Date of Birth: _____

Email Address: _____

Mobile phone: _____ Home phone: _____

Four digit Internet Access pin: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____

Postcode: _____

Yes, please register me for Pre-overdue notices Library eNewsletter

AGREEMENT:

I agree to comply with all the rules and regulations of the Wingecarribee Public Library.
I accept full responsibility for the safe usage of any material borrowed and will promptly pay outstanding fees and charges, give immediate notice of any change in my address and will obey copyright law.

I agree to abide by the rules and regulations as set out by the Wingecarribee Public Library for Internet Access.

Signed: _____ 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

New member no: _____

Old member no: _____

Reciprocal Library : _____

Reciprocal member no: _____

ID: _____

Paid: _____ Staff initial: _____