

Adult Membership Application

Borrower Details			
Barcode:			<i>Office Use only</i>
Title: Mr Mrs Miss Ms <i>(Please indicate)</i>	Surname:	Given Names:	
DOB: / /	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address			
Address:		City/Town:	
Address:		State:	Postcode:
Address:		Country:	
Contact Details			
Email:			
Mobile:	Work Phone:	Home Phone:	
Delivery Method of Notices <i>(Please indicate below)</i>			
Mail: <input type="checkbox"/>	SMS: <input type="checkbox"/>	Email: <input type="checkbox"/>	
Additional Details			
Language spoken at home other than English _____			
Are you Aboriginal / Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Notes			
Local Notes:		Global Notes:	

Policy

The information requested on this form is required in order to maintain your library membership and is used only for Library purposes as per the Privacy and Personal Information Act 1998. By agreeing to the terms and conditions you give the Library permission to contact you (if over 18 years) in relation to library services promotions, surveys etc. Your information will only be used for library business and is not available to any other organisation unless (1) you provide consent to do so; or (2) it is required by law enforcement agencies. *Two forms of identification with one stating current address is required when joining.*

By signing the below I acknowledge that I agree and will abide by the following:

- I _____ declare that I will abide by all Policies pertaining to the Library which can be found on the Library's website (www.bsl.nsw.gov.au).
- I accept full responsibility for all items borrowed on my library card.
- I acknowledge that I am responsible for and will pay for any lost or damaged items.
- I will notify the Library of any change to my contact details.

Signature:

Date:

Office Use Only

Drivers Licence Social Security card/Pension card Health Care card (Social Security)
Lease Agreement/Rent Receipt Shooters Licence Rates Notice Defence Card
Photo ID Card (RMS) Bank Statement

Adult Visitor Institution Home Delivery Other _____

Staff Initials:

Date: