

Junior Membership Application <18 years

Borrower Details			
Barcode:			Office use only
Title: Mr Miss <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:	
Guarantor Delivery Method of Notices			
Send notice to head of Family <input type="checkbox"/>			
<i>(Please indicate)</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 the junior members 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 the junior member or yourself in relation to library services promotions, surveys etc. Your information and the information of the junior member 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 and accept full responsibility on behalf of the junior member in relation to this application and that I agree and will abide by the following;

- I _____ declare that I and the junior member 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 the junior members 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 and those of the junior member.

Public Access Computers

I give my child permission to access the Internet on the public access computers. Yes No

Guarantor Details

Title: Mr Mrs Miss Ms

Surname:

Given Name:

DOB: / /

Sex: Male Female

Residential Address - Same as child's details. Please tick

Address:

City/Town:

Address:

Postcode:

State:

Address:

Country:

Contact Details - Same as child's details. Please tick

Home Phone:

Mobile:

Work Phone:

Email:

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

Junior Internet Junior

Staff Initials:

Date:

