

Shark Bay Library - Membership Application

Office Use	С	L	8	0	4					D

First Name:				Last Nan	ne:					
					Male D Female D					
Membership Type:					генияе 🗀					
Adult 🔲 🕽	Junior 0-1	4 🔲 Youn	g Adult 15-17 🏻]						
	•	ary Membership Boi Public Library Mem								
ERMANENT ADI	DRESS AN	ND CONTACT [DETAILS							
Street Address	:									
Suburb:					Post Code:					
Phone:				Mobile	:					
Email:				'						
ISITORS, YOUR	ADDRES	S IN SHARK BA	ΑY							
Accommodatio										
Camp Site or U	nit Numbe	er (if Applicable)):							
Street Address	:									
Estimated Depa	arture Date	e from Shark Ba	ıy:							
LTERNATIVE CO	ONTACT F	PERSON (NOT	AT SAME ADD	RESS)						
Full Name:										
Street Address	:									
Suburb: Post Code:										
Phone:			Mobile:							
Email:										
HILDREN'S DET	AILS IF J	OINT MEMBER	SHIP (PERSON	NS UNDER 18	YRS)					
First Name			Date of	Male /Female	(Office Use)					
			Birth	/remale	Membership Number					
annly for mambar	ship of the	Shark Pay Libr	ary Lagrage to a	nive proper ca	re to all materials lent to me. I agree to					
					rials lost or damaged.					
GNATURE OF AF	PPLICANT		DA	TE						
ffice use only Primary ID – Type an	ıd Number			☐ Secondary ID	Sighted – Type					
ate:		Office	er Signature:							