



# SHARK BAY LIBRARY

## MEMBERSHIP APPLICATION

Office Use Only												
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Surname:		Residential Address:	
First Name:			
Mr/Mrs/Ms/Miss/Dr		Male/ Female	
Date of Birth / /			
Home Telephone #		Postal Address:	
Work Telephone #			
Mobile:			
Email:			
<i>This section must be completed</i>			
Alternative Contact Address (Employer/Relative/ Friend - Someone Not Living at the Same Address)			
Surname:		Address:	
First Name:			
Telephone #			

### Conditions of Membership

I hereby apply for membership of the Shark Bay Public Library and

- Agree to give proper care to all materials lent to me and any other members under 15 years of age in my care
- Agree to observe the rules (Library Board of WA Act) (as amended) of the library
- Agree to pay for any materials lost or damaged
- **Identification must include a local address or a \$50 refundable deposit will be required.**

Signature.....

Date.....

Office use only

<b>Full Membership</b>	<b>Temporary Membership</b>
Drivers Licence Witnessed:	Deposit Paid <b>\$50</b>
Address Verified:	Trust #
Membership Type (adult/child/ILL)	Receipt #                      Date Paid:
	Membership Expiry Date

Details Entered By.....

Date Card Issued.....