

Email:

Library Membership Form

OFFICE USE :		D		Membership Type
				Adult
*Please no		ry Membership Bond is applications / Temporary Residents	able at time of joining	Junior 0-14
		-		Young Adult 15-17
PERSONA	AL INFORMA	TION		Visitor/Temp Resident
Full Name :				
Address :				
Suburb :			Postcode :	
Mobile :			Date of Birth :	//
Email :				
Camp Site o	r Unit Number (if	Applicable):		
Street Addre	ess:			
Estimated D	eparture Date fro	om Shark Bay:/	/	
ALTERN	ATIVE CONT	ACT PERSON (NOT	AT THE SAME	ADDRESS)
Full Name :				
Address :				
Suburb :			Postcode :	
Mobile :			Date of Birth :	//



CHILDREN'S DETAILS IF JOINT MEMBERSHIP (PERSONS UNDER 18 YEARS)

CHILD TWO (IF REQUIR	RED)		
Name :			
Mobile :	Date of Birt	th: /	/
CHILD THREE (IF REQU	JIRED)		
Name :			
Mobile :	Date of Bird	th: /	/
CHILD FOUR (IF REQU	IRED)		
Name :			
Mobile :	Date of Bird	th: /	/
DECLARATION			
	ne Shark Bay Library. I agree to give proper o rary Board of WA. I agree to pay for any mate		to me. I agree to
Signatura		Date: /	/
OFFICE USE ONLY ——— Primary ID - Type and Num		Sighted - Type:	
Officer's Name:	Date :	/	/
Visitors and Temporary Re	esidents : \$52.50 Bond received	rust Number: T	
Library Card Sighted - Loca	ation & Member Number:		
Synergy # :	Receipt Number :		
Confirmed :	Declaration signed	Entered into Exce	spreadsheet
	Photocopy ID	Entered	l into Synergy