Membership Application Camden Council Library Service



Title	First Name				Date of Birth	
				Date of Birth		
eg Mrs	Family Nam	Gender eg M				
Home Phone Mobile Phone Email						
Password (PIN) – used to access your borrower record & Public Access Computers in the library						
Username (optional) – you may			Please send my library notices by:			
access a user		record online via	🗆 Email	SMS Dest		
	d of your Borro	wer Card No.	□ Tick here n	ot to receive Library eN	ewsletter	

Address

Street					
Suburb/Town				Post Co	ode
Mailing Addres	ss – if differen	t to above address			
Street					
Suburb/Town				Post Co	ode
LGA	Camden	Campbelltown	🗆 Li	verpool	□ Other

Conditions of membership for Camden Council Library Services

By joining the library I agree to:

- 1. Pay for the loss of, or damage to, any library materials
- 2. Pay any fees incurred
- 3. Notify the Library if my card is lost or stolen. I will remain responsible for my card and it's use until this is done.
- 4. Have my card with me to access library services
- 5. Notify the library of any change of address or name
- 6. Follow the rules and regulations of the library
- 7. Comply with any reasonable request made by library staff.
- 8. Parents and guardians have responsibility for guiding the reading, listening and viewing choices of their children (members under 18 years), including the use of the internet.

Declaration

I certify that the information I have given is correct. I agree to conditions of membership and accept responsibility for services accessed using my membership card.

Name

Signature

Date

Parent or Guardian Declaration – required for members under 18 years

For the people under 18 years of age listed above/overleaf, I approve my child's application for membership, including access to the internet if indicated by provision of a password. I will ensure my child complies with the conditions of membership above.

Name (<i>Please Print Full Name</i>)	Signature	Date	
OFFICE USE ONLY Ac Card No:	dress ID & Medicare Card fo	or Dependents sighted: Staff Initials & Date:	

Additional Household Members

Please write "As Above" for any details which are the same as the first membership application.

Title eg Miss	First Name		Family Name	
0	Date of Birth		Gender eg M	
Mobile Phone			Email	
Password (PIN) * Internet**		Internet**	Username	
🗆 No		🗆 No		
Please s	end my library notices	by 🗌 Email 🛛	SMS Post Office Use Only Card No:	

Title eg Miss	First Name		Family Name	
5	Date of Birth		Gender eg M	
Mobile Phone			Email	
Password (PIN)*		Internet**	Username	
		🗆 No		
Please send my library notices by				

Title eg Miss	First Name		Family Name	
U	Date of Birth		Gender eg M	
Mobile Phone			Email	
Password (PIN)* Internet**		Internet**	Username	
🗆 No		🗆 No		
Please send my library notices by				

Title First Name			Family Name	
0	Date of Birth		Gender eg M	
Mobile Phone		Email		
Password (PIN)* Internet**		Username		
🗆 No				
Please s	end my library notices	s by 🗌 Email 🛛	SMS D Post Office Use Only Card No:	

*Families can use the same password on each borrower record, if desired. **The provision of a password/PIN indicates permission to use the library's computers which access the internet. If you wish to have a password to access the borrower record online but do not wish to give permission for the internet, please tick the Internet 'No' box.