Membership Application
Camden Council Library Service

<table>
<thead>
<tr>
<th>Title eg Mrs</th>
<th>First Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td></td>
<td>Gender eg M</td>
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<table>
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<tr>
<th>Home Phone</th>
<th>Mobile Phone</th>
<th>Email</th>
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Password (PIN) – used to access your borrower record & Public Access Computers in the library

Username (optional) – you may access your borrower record online via a username instead of your Borrower Card No.

Please send my library notices by:
- [ ] Email
- [ ] SMS
- [ ] Post

[ ] Tick here not to receive Library eNewsletter

Address

Street

Suburb/Town | Post Code
---|---

Mailing Address – if different to above address

Street

Suburb/Town | Post Code
---|---

LGA

- [ ] Camden
- [ ] Campbelltown
- [ ] Wollondilly
- [ ] Liverpool
- [ ] 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 its 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 (Please Print Full Name) | Signature | Date
---|---|---

OFFICE USE ONLY

Address ID & Medicare Card for Dependents sighted: [ ]

Card No: [ ]

Staff Initials & Date: [ ]
**Additional Household Members**

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

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<thead>
<tr>
<th>Title (eg Miss)</th>
<th>First Name</th>
<th>Family Name</th>
<th>Date of Birth</th>
<th>Gender (eg M)</th>
<th>Mobile Phone</th>
<th>Email</th>
<th>Password (PIN)</th>
<th>Internet**</th>
<th>Username</th>
<th>Please send my library notices by</th>
<th>Office Use Only Card No:</th>
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*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.*