

Applicants



Usage

This form is for persons under 18, wishing to become members of Yarra Plenty Regional Library.

Applicant 1

First name

Family name

Date of birth

[Input Field]		
[Input Field]		
[Input Field]	/	[Input Field]
Day		Month
	/	[Input Field]
		Year

Gender

Office use

Card issued

[Input Field]	[Input Field]
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Applicant 2

First name

Family name

Date of birth

[Input Field]		
[Input Field]		
[Input Field]	/	[Input Field]
Day		Month
	/	[Input Field]
		Year

Gender

Office use

Card issued

[Input Field]	[Input Field]
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Home Branch

Branch

[Input Field]

Parent/Guardian/Guarantor

First name

Family name

email address

Street address

Suburb

Tel:

Postcode

Nominated adult

See www.yprl.vic.gov.au for membership terms and conditions.

I, the undersigned hereby apply for membership of the Yarra Plenty Regional Library Service for the person(s) named above. In relation to this membership, I agree to:

1. Take responsibility for all items issued on the membership card(s) until returned to the library.
2. Accept responsibility for the choice of library materials by the applicant(s).
3. Accept responsibility for Internet access by the applicant(s) from the library web site.
4. Pay replacement and processing costs for items lost, destroyed or damaged by any cause while on loan to the above person(s), except such damage as caused by reasonable and fair use.
5. Notify the Library service immediately if the above card(s) is(are) lost or stolen.
6. Give notice of any change of name or address within seven days of such change.
7. Agree that the nominated adult above can have access to and/or edit the details on this card.

I understand that failure to comply with the above conditions may result in the suspension of borrowing privileges.

Signature of guarantor

Signature

Date

[Input Field]	[Input Field]
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Office Use

ID verification

Ref

Staff Name

[Input Field]	[Input Field]
[Input Field]	