

Under 18 Membership Form

Branch Library

Applicant 1

Given name:

Family name:

Date of birth:

Gender

M / F

Membership number (Office use only):

Applicant 2

Given name:

Family name:

Date of birth:

Gender

M / F

Membership number (Office use only):

Parent/Guardian/Guarantor (Person taking responsibility for this membership)

First name:

Family name:

ID verification (Office use only): (circle) **Licence /HCC /Bill /Other** _____

Staff Name: (Office use only):

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

1. Comply with the By-Laws of the Yarra Plenty Regional Library Service
2. Take responsibility for all items issued on the membership card until returned to the library
3. Accept responsibility for the choice of library materials by the applicant
4. Accept responsibility for Internet access by the applicant from the library web site.
5. Pay replacement and processing costs for items lost, destroyed or damaged by any cause while on loan to the above person, except such damage as caused by reasonable and fair use
6. Notify the Library service immediately if the above card is lost or stolen
7. Give notice of any change of name or address within seven days of such change.

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

Signature of Guarantor _____ Date _____