

CITY OF PLAYFORD LIBRARY MEMBERSHIP FORM

ADULT/GUARANTOR MEMBERSHIP

First name: _____

Last Name: _____

Birthdate: _____ Male Female

Home Address: _____

_____ Post Code: _____

Mailing Address: If different from above: -----

_____ Post Code: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Terms & Conditions of Library Membership (please read carefully):

- I agree to inform the library of change of name, address or contact details
- I agree to Adult/Guarantor pays all costs for any overdue, lost or damaged items
- I agree to comply with copyright regulations
- I agree to The Conditions of Use for Electronic Services as displayed on public computers
- I agree to follow the library Code of Conduct

Signature: _____ Date: _____

CHILD MEMBERSHIP/S

First name: _____

Surname: _____

Birthdate: _____ Male Female

Preschool/School: _____

Playford Library Service does not use internet filters.

I give permission for my child to access the internet. YES NO

First name: _____

Surname: _____

Birthdate: _____ Male Female

Preschool/School: _____

Playford Library Service does not use internet filters.

I give permission for my child to access the internet. YES NO

First name: _____

Surname: _____

Birthdate: _____ Male Female

Preschool/School: _____

Playford Library Service does not use internet filters.

I give permission for my child to access the internet. YES NO

OFFICE USE ONLY

Type of ID _____ ID# _____ Library Card # _____ Staff Initials _____