

DALWALLINU PUBLIC LIBRARY

MEMBERSHIP APPLICATION



APPLICATION NUMBER

C	L	5	0	3	D								D
---	---	---	---	---	---	--	--	--	--	--	--	--	---

SURNAME : _____ FEMALE / MALE

FIRST NAME / S : _____ DOB : ___ / ___ / ___

MR / MRS / MISS / MS : _____ PH: _____

HOME ADDRESS : _____

POSTAL ADDRESS : _____

TOWN : _____ POST CODE : _____

ALTERNATIVE CONTACT ADDRESS

RELATIONSHIP : EMPLOYER / RELATIVE / FRIEND FEMALE / MALE

SURNAME : _____ TELEPHONE : _____

FIRST NAME : _____

RESIDENTIAL ADDRESS : _____

TOWN : _____ POST CODE : _____

DECLARATION

By signing this Application Form, I hereby agree to become a member of the Dalwallinu Public Library and abide by their Terms and Conditions. I agree that all articles borrowed by my library card shall receive proper care and handling whilst in my possession. I also understand that articles borrowed by members under the age of 18, who I am either the parent or legal guardian of, shall also be my responsibility. In the event of loss or damage to library articles, I agree to recompense the Shire of Dalwallinu for the repairs / replacement of each article at a price set by the State Library Board of WA.

SIGNATURE : _____ DATE : ___ / ___ / ___

LIBRARY STAFF : _____ DATE : ___ / ___ / ___