



Mt Marshall Public Library

Membership Application

SURNAME: _____ GIVEN NAMES: _____

MR / MRS / MISS / MS / OTHER: _____ DATE OF BIRTH: _____
(Please Circle)

RESIDENTIAL ADDRESS: _____

TOWN: _____ POST CODE: _____

POSTAL ADDRESS: _____

TOWN: _____ POST CODE: _____

HOME PH: _____ WORK PH: _____

MOBILE: _____ EMAIL: _____

I apply for Membership to the Mt Marshall Public Library. All materials borrowed under my name shall receive proper care while in my possession. I understand that materials borrowed by members under the age of 16 (if applicable) are the responsibility of the parent or guardian. All damages or loss to the items borrowed under my name will be solely my responsibility.

SIGNATURE: _____

DATE: _____

Applicants Under 16 years of age

SURNAME: _____ GIVEN NAMES: _____

MALE / FEMALE: _____ DATE OF BIRTH: _____

SURNAME: _____ GIVEN NAMES: _____

MALE / FEMALE: _____ DATE OF BIRTH: _____

SURNAME: _____ GIVEN NAMES: _____

MALE / FEMALE: _____ DATE OF BIRTH: _____
