



# 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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