



Woollahra Library & Information Service Adult Membership Application

LAST NAME _____

GIVEN NAME/S _____ TITLE _____

RESIDENTIAL ADDRESS _____

SUBURB _____ POSTCODE _____

POSTAL ADDRESS _____

(IF DIFFERENT FROM ABOVE)

PHONE (H) _____ (M) _____ (W) _____

EMAIL ADDRESS _____

Concession Card (PLEASE CIRCLE) Pension Card Seniors Card Expiry Date:

I prefer to be notified by (PLEASE CIRCLE) Email Post SMS

Language other than English: _____

DATE OF BIRTH (optional) _____ Male / Female (PLEASE CIRCLE)

I wish to join Woollahra Library and Information Service. I agree to pay for the loss of, or damage to, any item borrowed on the authority of this membership, notice any change of address and pay any charges incurred, observe all regulations, ordinances, by-laws and rules; and comply with any reasonable direction by the library staff.

In accordance with Woollahra Council's Privacy Management Plan, any personal information provided on this form will be used by **Woollahra Library & Information Service** only for purposes directly related to your membership of **Woollahra Library & Information Service** (as well as any subsequent Library services, activities or programs that you register for), including notifying you of **Woollahra Library & Information Service** functions and activities.

SIGNATURE

DATE

Office use only

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Staff name: _____

ID SIGHTED