



Woollahra Library & Information Service Under 18 Years Membership Application

If you are 18 years or under, a parent or guardian must sign this form in the presence of a library staff member and bring a Medicare/Health Care card with the child's name on it - plus their own ID in the form of either their drivers licence or other approved identification.

LAST NAME _____

GIVEN NAME/S _____

RESIDENTIAL ADDRESS _____

SUBURB _____ POSTCODE _____

POSTAL ADDRESS _____

(IF DIFFERENT FROM ABOVE) _____

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

EMAIL ADDRESS _____

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

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

Language other than English: _____

Parent / Legal Guardian Details

LAST NAME _____

GIVEN NAME/S _____ TITLE _____

RELATIONSHIP Parent / Legal Guardian

EMAIL ADDRESS _____

POSTAL ADDRESS _____

(IF DIFFERENT FROM ABOVE) _____

In signing this form I agree to act as guarantor and that my child will observe all regulations, ordinances, by-laws and rules; and comply with any reasonable direction by the library staff. I agree to pay for the loss of, or damage to, any item borrowed on the authority of this membership, notice of any change of address and pay any charges incurred. I authorise my child's access to and use of information resources provided by the Library, including the **INTERNET and EMAIL**

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 and 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: _____

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