# Hornsby Shire Library & Information Service

# Membership application

Mr Mrs Miss Ms Mx Othe	er Local gov	vernment area: Hornsby Other
Last name:	First names	:
Date of Birth: / /	Gender:	Male Female
Address:		
		Postcode:
Postal address:		
		Postcode:
Home telephone:	Mobile:	Business:
Email address:		
Do you read in any languages other than English?		Please remember to sign declaration overleaf ➡
Yes No If yes, which languages?		
My loans slip should be printed emailed to	me 🗌 both printed and	d emailed to me
I would like to be notified via email for: Reservation, reminder and overdue notifications Activities and events	Yes No Yes No	
For more information visit hornsby.nsw.gov.au/library		

### **Declaration (adult member)**

I certify that the information given is correct. The library conditions of use have been explained to me, and I have been given a copy of them. I accept responsibility for any items issued as a result of my membership and agree to pay any fees and charges incurred.

#### **Declaration (membership of minors under 18)**

I hereby approve my child's application. I undertake to ensure my child complies with the above library conditions and complies with reasonable directions of the library staff. I assume responsibility for my child's selection of resources including those on the internet.

I agree to be the nominated Head of Family and accept all communication for this child. I understand that only one parent/guarantor may be listed as Head of Family.

Signature:			
Date: /	/		

Name of parent/guarantor:							
Email of parent/guarantor:							
Signature of parent/guarantor:							
Date: / /							
Address:							
Telephone: Card No:							

Privacy Notice: Hornsby Shire Council may collect your personal information from this form to record and administer your use of the librarys' services. Without this information we are unable to provide this service to you. All personal information collected by Hornsby Shire Council is kept secure from unauthorised access and will not be disclosed to any third party without your consent. The information entered on this application will be destroyed when it is no longer needed. (Privacy Act 1988)

Office use only				
Borrower Number Issued:	Branch:			
Registered by:	_ Type of ID:	Date:	/	/



### Membership application (cont)