

# CARNARVON PUBLIC LIBRARY AND GALLERY

## MEMBERSHIP APPLICATION

(CARNARVON RESIDENTS AND VISITING WA PUBLIC LIBRARY MEMBERS)



### BASIC INFORMATION

Title \_\_\_\_\_ Membership No (office use) 

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Suffix \_\_\_\_\_

### DEMOGRAPHICS

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Junior 0-14  Adult 18+

Young Adult 15-17

### ADDRESSES

<p><b><u>Permanent Residential and Postal Address</u></b></p> <p>Street Address _____</p> <p>P O Box _____</p> <p>Suburb _____</p> <p>WA, Postcode _____</p> <p>Telephone _____</p> <p>Mobile _____</p> <p>Email _____</p>	<p><b><u>Details of a Second Contact Person (NOT at the same address as you)</u></b></p> <p>Full Name _____</p> <p>Street Address _____</p> <p>Suburb _____</p> <p>State _____ Postcode _____</p> <p>Telephone No. _____</p>	<p><b><u>If you are visiting Carnarvon, where are you staying?</u></b></p> <p>C/O Site or Lot No. _____</p> <p>Street Address _____</p> <p>Suburb _____</p> <p>WA, 6701</p>
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### CHILDRENS DETAILS IF JOINT MEMBERSHIP (PERSONS UNDER 18 YEARS OF AGE)

First Name	Surname	Date of Birth DD/MM/YY	Male/ Female	Internet Access (Y/N)	Office Use (Membership No.)

### MAILING LIST PERMISSION

Please keep me informed of any programs and events that are being held at Carnarvon Public Library

Yes (please e-mail me details) \_\_\_\_\_  No thanks

Signature \_\_\_\_\_

### EXTENDED INFO (TO BE COMPLETED BY LIBRARY OFFICER)

Note 1 (Identification used) \_\_\_\_\_ Note 2 (Identification used) \_\_\_\_\_

Information captured by (library officer initials) \_\_\_\_\_ Other comments \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_