

# SHIRE OF TRAYNING LIBRARY MEMBERSHIP APPLICATION

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SURNAME.....  
FIRST NAME ..... SECOND INITIAL.....  
MR/MRS/MISS/MS/OTHER..... DATE OF BIRTH: ...../...../.....  
RESIDENTIAL ADDRESS.....  
POSTAL ADDRESS .....  
TOWN.....P OSTCODE.....  
TELEPHONE..... MOBILE PHONE .....  
E-MAIL ADDRESS: .....

## THIS SECTION IS COMPULSORY

### ALTERNATIVE CONTACT ADDRESS (EMPLOYER/RELATIVE/FRIEND)

TELEPHONE .....MOBILE.....  
NAME.....  
ADDRESS.....  
TOWN.....POSTCODE.....

I apply for membership of the Trayning Public Library. All materials lent to me shall receive proper care while in my possession. I understand that materials borrowed by members under the age of 18 are the responsibility of the parent or guardian. I undertake to recompense the Shire of Trayning for any loss or damage, to items borrowed by me and agree to abide by the rules of the Library which I have read and understood.

SIGNATURE.....DATE.....

## APPLICANTS UNDER 18 YEARS OF AGE

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SURNAME .....  
FIRST NAME.....SECOND INITIAL .....  
FEMALE/MALE.....DATE OF BIRTH.....

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SURNAME .....  
FIRST NAME.....SECOND INITIAL .....  
FEMALE/MALE.....DATE OF BIRTH.....

C	L	I	B	E	0	0	0											D
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SURNAME .....  
FIRST NAME.....SECOND INITIAL .....  
FEMALE/MALE.....DATE OF BIRTH.....

## LIBRARY USE ONLY:

Drivers Licence..... DOB.....  
OTHER.....Staff Member Initial.....