

Inverell Shire Public Library

VISITOR MEMBERSHIP

Pin (4 digit security number to access your details online)

Surname

First name

Middle name

Male/Female (please circle)

Birthdate

Visiting address
.....
.....

Contact phone number
.....

Permanent address
.....
.....

Home phone number
.....

Are you a member from another public library? If yes give details

Library name

Place

If not a member from another public library a visitor membership deposit of \$20.00 is required.

I agree to comply with the rules and regulations of the Inverell Shire Public Library, to pay promptly all fines and damages charged to me and to give immediate notice of any change of address.

Signature
.....

Date
.....

OFFICE USE ONLY

ID Sighted License Library card Home Library Contacted

Deposit received date Refund given date (Staff initial)

STAFF INITIALS DATE ENTERED