

# Inverell Shire Public Library

## ADULT MEMBERSHIP

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

Surname .....

Male/Female (please circle)

First name .....

Middle name .....

Title (Mr/Miss/Mrs) .....

Birthdate .....

Postal address .....

Home phone .....

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.....

Residential address (if different from postal)

Place of work

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.....

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Work phone

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Email .....

Are you a resident of the Inverell Shire? Yes/No please circle

**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 in address.**

Signature

Date

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### OFFICE USE ONLY

Parental ID Sighted  License  Rent receipt  Bill  Other.....

**BARCODE**.....

**STAFF INITIALS**.....

**DATE ENTERED**.....