

Inverell Shire Public Library

YOUNG ADULT MEMBERSHIP

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

Surname

First name

Middle name

Male/Female (please circle)

Birthdate

Do you give permission for your child to use the Internet? Yes/No please circle

Postal address

Home phone

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.....

Residential address (if different from postal)

School/College

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Name & address of parent or guardian

Name

Address

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Are you a resident of the Inverell Shire?

Yes/No please circle

I am willing that the above-named minor may borrow from the Inverell Shire Public Library and I undertake to make good any loss or damage to any item, pay any fines charged, and give immediate notice of any change of address.

Signature of parent or guardian

Date

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OFFICE USE ONLY

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

BARCODE

STAFF INITIALS

DATE ENTERED