

# Membership Application Form

PLEASE READ CAREFULLY

I herewith make application to become a member of Cairns Libraries. I declare that I am eligible for membership by the terms of the Library Local Laws, which I have read, understood and to which I agree. All information contained on this form is confidential.

## Membership Details

Mr/Mrs/Miss/Ms/ Other \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Gender: Male Female

E-mail Address: \_\_\_\_\_  
 Phone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 (Mob) \_\_\_\_\_

Alternative address of friend, family or business in Australia  
 Alternative Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

(Office only) Barcode Number			
ID cited:		points	
Rate notice		40	<input type="checkbox"/>
MVDL	Exp. date	25	<input type="checkbox"/>
Medicare card	Exp. date	10	<input type="checkbox"/>
Credit card	Exp. date	10	<input type="checkbox"/>
Passport	Exp. date	10	<input type="checkbox"/>
Other			<input type="checkbox"/>

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

## To sign up other Family Members who are under 18 years

1 Family Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Address:  as above OR \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Gender: Male Female

(Office only) Barcode Number  
 \_\_\_\_\_

2 Family Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Address:  as above OR \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Gender: Male Female

(Office only) Barcode Number  
 \_\_\_\_\_

## Authorisation of Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Visitor Membership Declaration to Cairns Regional Council:

“I acknowledge that I am required to pay a **non-refundable** Lifetime membership Fee detailed in Cairns Regional Council’s fees and charges schedule, to complete my application for membership to Cairns Libraries and agree to comply with all Cairns Libraries Policies”.

Signature \_\_\_\_\_ Date / /