

PARENT/GUARDIAN PERMISSION TO OBTAIN LIBRARY MEMBERSHIP FOR CHILDREN/ YOUNG PEOPLE UNDER 16 YEARS OF AGE



Parent/ Guardian Permission

I give permission for my child to join the City of Canada Bay Libraries.

Details of My Child

Surname:	<input type="text"/>	Title:	<input type="text" value="Miss"/>	<input type="text" value="Master"/>
First Name(s):	<input type="text"/>			
Address/ Postal:	<input type="text"/>			
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>	
Phone (h):	<input type="text"/>	Phone (m):	<input type="text"/>	
Email:	<input type="text"/>			
Date of Birth:	<input type="text"/>	Language spoken at home:	<input type="text"/>	

Computer Policy

I have read the Internet/ Computer Policy and agree to my child abiding by the terms and conditions (✓)

Privacy Policy

All patrons are assured their personal details will only be used for Library/ Council purposes.

Declaration and signature

I agree to comply with City of Canada Bay Libraries' Regulations, to promptly pay any fees or charges for damaged/ lost items borrowed on my child's card and to give immediate notice of any change of address or phone number.

Name of Parent/ Guardian: (For person under 16 years of age ONLY)	<input type="text"/>		
Signature of Parent/ Guardian:	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant:	<input type="text"/>	Date:	<input type="text"/>

City of Canada Bay Libraries

Visit one of the libraries with the completed form and identification with your name and **current** address to become a member.

- **Concord Library** 60 Flavelle Street, Concord 2137 T: 9911 6210
- **Five Dock Library** Level 1, 4-12 Garfield Street, Five Dock 2046 T: 9911 6310
- **The Learning Space** 30 Shoreline Drive, Rhodes 2138 T: 9911 6277

For Office Use Only

Proof:	<input type="text"/>	Card No.:	<input type="text"/>	Staff Name:	<input type="text"/>
Normal user:	<input type="text"/>	Technology user:	<input type="text"/>		