

FLINDERS SHIRE LIBRARY MEMBERSHIP FORM

VISITOR/TOURIST REGISTRATION

P. 07 4741 2900 F. 07 4741 1741
PO Box 274 Hughenden Q 4821
34 Gray St, Hughenden Q 4821
flinders@flinders.qld.gov.au
www.flinders.qld.gov.au

BORROWER'S CONTACT DETAILS – PLEASE PRINT CLEARLY

Surname: _____ Mr / Ms / Mrs / Miss

Given Names: _____ Date of Birth: ____/____/____

Residential Address: _____

Postcode: _____

Mailing Address: _____

(If same as Residential Address write 'As Above')

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Current Place of Employment: _____

Do You Identify as Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander ☐ Other

Please indicate how you wish to receive Reservation and Overdue Notices. (Please circle and advise contact details)

☐ Email ☐ Australia Post

We will send a notice out to advise of reservations that have been allocated for collection and as a reminder that your loans are due. You can then renew your items immediately via telephone or the library's email (librarian@flinders.qld.gov.au) or online at www.auroracloud.com.au/OPAC/QPIL or return them promptly to avoid charges. Please note that the Library Service sends these notices as a courtesy only. It is the borrower's responsibility to check the due dates of all loans. The Library will not accept responsibility if you have not received or read the notification for any reasons (including loss internet connection or un-advised change of contact details).

DECLARATION

As a borrower of materials from the Flinders Shire Library Service, I agree to abide by the conditions pertaining to the borrowing of materials and to pay any charges connected with overdue, lost or damage materials and to be responsible for all materials borrowed using my Library Card. Non-return of Library materials will result in Council taking appropriate legal action to recover same.

I consent to Flinders Shire Council using my name, image and likeness for promotional activities or reporting purpose in any media.

☐ Yes ☐ No

I consent to Flinders Shire Council using my name/ image & likeness for promotional activities on Facebook.

☐ Yes ☐ No

Signed: _____ Date: ____/____/____

Personal information on this form is collected in accordance with the information Privacy Act 2009 guidelines and will be used by Flinders Shire Library staff for the purpose of maintaining accurate membership records and will not be disclosed unless required by law.

LIBRARY USE ONLY

Borrower ID No.: _____ Drivers License No.: _____

☐ Social Security Card ☐ Credit Card ☐ Medicare Card ☐ Other

Staff Name: _____

Signature: _____

Date: ____/____/____

Date Entered: ____/____/____