

## FLINDERS SHIRE LIBRARY MEMBERSHIP FORM

## **JUNIOR / YOUTH 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 CONTACT DETAILS – PLEASE PRINT CLEARLY							
Surname:		Miss / Master					
Given Names:		Date of Birth:/					
PARENT / GUARDIAN CONTACT DETAILS – PLEASE PRINT CLEARLY							
Surname:		Mr / Ms / Mrs / Miss					
Given Names:		Date of Birth://					
Residential Address:							
		Postcode:					
(If same as Residential Address write 'As Above')		Booten In					
		Postcode:					
Telephone:							
Mobile:							
Email:							
Do You Identify as Aboriginal or Torres Strait Islander Origin?							
□ Aboriginal	□ Torres Strait Islander □	Other					

Please ind	icate how yo	ou wish to receive Re	servation and C	Overdue N	lotices. ( Plea	se circle and advise co	ntact details)	
□ Email		□ Australia Post						
loans are o (librarian @ charges. F to check tl	due. You can eflinders.qld Please note the he due dates	out to advise of reserventhen renew your iter gov.au) or online at your the light of the Library Service of all loans. The Librsons (including loss	ms immediately www.auroraclou ce sends these in rary will not acc	via telep ud.com.a notices a cept respo	hone or the u <mark>/OPAC/QPII</mark> s a courtesy onsibility if y	library's email L or return them pr only. It is the borro ou have not receiv	comptly to avoid ower's responsibility red or read the	
TO BE RE	EAD AND SI	GNED BY PARENT	/ GUARDIAN					
DECLARA	TIONS TO B	E READ AND SIGNED	BY PARENT /	GUARDI	AN			
Flinders Sh connected	ire Public Libi with overdue,		e responsible for ials. You also agr	all condit	ons of borrovesponsible for	ving, including the part the suitability of ma	ayments of any charges terials accessed by the	
INTERNET	/ STORYTIM	IE / HOLDIDAY PROG	<u>GRAMS</u>					
By signing, information displayed in	you indicated accessed by the Library.	rs of age that wishes to that you understand, as the child in your care. I Please indicate below fo or reporting purposes	s with other Libra During Library ac or the consent of	ry materia tivities, st	is that you are aff could take	e responsible for the photos of Children's	suitability of	
□ Yes		□ No						
I consent t	to Flinders S	hire Council using m	y child & likelin	ess for p	romotional a	activities on Facebo	ook.	
□ Yes		□ No						
Please indi	cate if you gra	nt permission for the cl	hild/youth listed	above to u	se the followi	ng services in the Lil	brary.	
□ Interne	t	□ Story Time	)		School Holiday Programs			
Signed:						Date	:	
		this form is collected in					s and will be used by osed unless required by	
LIBRARY	USE ONLY							
Borrower ID No.:				Drivers License No.:				
□ Social \$	Security Card	d cr	edit Card		□ Medicare	Card :	□ Other	
Staff Name	e:							
Signature:					<u>,</u>			
Dato:		1 1				Date Entered:	, ,	