

# FLINDERS SHIRE LIBRARY

## MEMBERSHIP FORM

### ADULT 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](http://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: \_\_\_\_\_

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](http://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 for the library.

☐ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_