



Croydon Municipal Library

Croydon Shire Council

PO Box 17
63 Samwell Street
Croydon Qld 4871

Telephone (07) 4748 7130
Fax (07) 4745 6147
Email library@croydon.qld.gov.au

Membership Application

I hereby make application to become a member of the Croydon Library. I agree to conform to the rules of the Library and to pay for any damage or loss for which I may be charged.

Membership Details:

Mr/Mrs/Miss/Ms/Other (please circle) _____ Date of Birth: ___/___/___ Male Female

Family Name _____ Given Names _____

Postal Address _____

Email _____

Telephone _____ (Home) _____ (Work)

_____ (Mobile)

Signature _____ Date ___/___/___

Membership Number: _____

To sign up other family members who are under 18 years:

Family Member 1 _____ Date of Birth: ___/___/___ Male Female

Family Name _____ Given Names _____

Postal Address as above Or _____

Membership Number: _____

Family Member 2 _____ Date of Birth: ___/___/___ Male Female

Family Name _____ Given Names _____

Postal Address as above Or _____

Membership Number: _____

Authorisation of Parent/Guardian

Signature _____ Date ___/___/___

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*). The information collected may be retained as required by the *Public Records Act 2002*.