

Membership Application Form

PLEASE READ CAREFULLY

I herewith make application to become a member of Cairns Libraries. I declare that I am eligible for membership by the terms of the Library Local Laws, which I have read, understood and to which I agree. All information contained on this form is confidential. Your personal information has been collected for the purpose of library membership. You are providing personal information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.

Membership Details

Mr/Mrs/Miss/Ms/ Other _____

Family Name: _____

Given Names: _____

Postal Address: _____

_____ Postcode _____

E-mail Address: _____

Phone No: (H) _____ (W) _____

(Mob) _____

Alternative address of friend, family or business in Australia

Alternative Address: _____

_____ Postcode _____

Signature: _____ Date: ___/___/___

Date of Birth: _____

Gender: Male Female

(Office only) Barcode Number

ID cited:	points	
Rate notice	40	<input type="checkbox"/>
MVDL Exp..date	25	<input type="checkbox"/>
Medicare card Exp..date	10	<input type="checkbox"/>
Credit card Exp..date	10	<input type="checkbox"/>
Passport Exp. date	10	<input type="checkbox"/>
Other		<input type="checkbox"/>

To sign up other Family Members who are under 18 years

1 Family Name: _____

Given Name: _____

Address: as above OR _____

_____ Postcode _____

Date of Birth: _____

Gender: Male Female

(Office only) Barcode Number

2 Family Name: _____

Given Name: _____

Address: as above OR _____

_____ Postcode _____

Date of Birth: _____

Gender: Male Female

(Office only) Barcode Number

Authorisation of Parent/Guardian

Signature _____ Date _____

Visitor Membership Declaration to Cairns Regional Council:

"I acknowledge that I am required to pay a **non-refundable** Lifetime membership Fee detailed in Cairns Regional Council's fees and charges schedule, to complete my application for membership to Cairns Libraries and agree to comply with all Cairns Libraries Policies".

Signature _____ Date / /