**DENMARK PUBLIC LIBRARY MEMBERSHIP FORM**  
Strickland Street Denmark 6333  
Ph: 9848 0306 • Email: library@denmark.wa.gov.au • Website: Library Website

**Adult applicants**  
Name: Mr/Mrs/Miss/Ms _______________________________ Date of birth ___/___/_____

Name: Mr/Mrs/Miss/Ms _______________________________ Date of birth ___/___/_____

**Junior applicants**  
Members Name _______________________________ Date of birth ___/___/_____

Members Name _______________________________ Date of birth ___/___/_____

Members Name _______________________________ Date of birth ___/___/_____

Members Name _______________________________ Date of birth ___/___/_____

**Contact Details**
Postal Address ____________________________________________

Residential Address ____________________________________________

Phone No. _______________________________ Email _______________________________

Mobile Phone No 1: _______________________________ Mobile Phone No 2: _______________________________

**IDENTIFICATION** Please provide identification with proof of current address
______________________________________________________

**Alternative Contact Details.** Please provide a contact number of friend, workplace or relative NOT living with you.  
One contact is essential please

Name _______________________________ Phone No. _______________________________

Please indicate if you would like to register for SMS Alerts     ☐ Yes     ☐ No

**RULES AND CONDITIONS**

**Damaged items**
Members may be required to pay for the repair costs of library items returned in a damaged or imperfect condition, plus any administration fees as determined by Denmark Public Library.

**Lost items**
Members may be required to pay the cost of items lost or not returned plus any administration fees after notice requesting the return has been given by the librarian, as determined by Denmark Public Library. If the item is one volume, or part of a set or series and it is found impractical to replace that volume or part, the member may be required to pay the cost of replacement of the whole work or at the discretion of the Denmark Public Library, compensate the library for the loss or damage sustained.

I agree to abide by the rules and conditions of the Denmark Public Library which I have read and understand and acknowledge that all library items borrowed by me are borrowed on the terms and conditions stated here and in the Library Board of Western Australia Act 1951, (as amended).

SIGNATURE_____________________________ DATE________________________