


Shire of Denmark

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DENMARK PUBLIC LIBRARY MEMBERSHIP FORM

Strickland Street Denmark 6333

library@denmark.wa.gov.au 9848 3006

Please provide identification with proof of current address and a library card will be issued immediately

Adult applicants

Members Name _____ TITLE: Mr/Mrs/Miss/Ms

Members Name _____ TITLE: Mr/Mrs/Miss/Ms

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.** _____

RULES AND CONDITIONS

Please read the following and sign:

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 _____