

Mr Mrs Miss Ms Mx Other Local government area: Hornsby Other

Last name: _____ First names: _____

Date of Birth: / / Gender: Male Female

Address: _____
_____ Postcode: _____

Postal address: _____
_____ Postcode: _____

Home telephone: _____ Mobile: _____ Business: _____

Email address: _____

Do you read in any languages other than English?

Yes No If yes, which languages? _____

Please remember to sign declaration overleaf ➔

My loans slip should be printed emailed to me both printed and emailed to me

I would like to be notified via email for:

Reservation, reminder and overdue notifications Yes No
Activities and events Yes No

For more information visit
hornsby.nsw.gov.au/library



Declaration (adult member)

I certify that the information given is correct. The library conditions of use have been explained to me, and I have been given a copy of them. I accept responsibility for any items issued as a result of my membership and agree to pay any fees and charges incurred.

Declaration (membership of minors under 18)

I hereby approve my child's application. I undertake to ensure my child complies with the above library conditions and complies with reasonable directions of the library staff. I assume responsibility for my child's selection of resources including those on the internet.

I agree to be the nominated Head of Family and accept all communication for this child. I understand that only one parent/guarantor may be listed as Head of Family.

Signature: _____

Date: / /

Name of parent/guarantor: _____

Email of parent/guarantor: _____

Signature of parent/guarantor: _____

Date: / /

Address: _____

Telephone: _____ **Card No:** _____

Privacy Notice: Hornsby Shire Council may collect your personal information from this form to record and administer your use of the library's services. Without this information we are unable to provide this service to you. All personal information collected by Hornsby Shire Council is kept secure from unauthorised access and will not be disclosed to any third party without your consent. The information entered on this application will be destroyed when it is no longer needed. (Privacy Act 1988)

Office use only

Borrower Number Issued: _____ Branch: _____

Registered by: _____ Type of ID: _____ Date: / /

