

# Books on Wheels Service Membership Application



**PLEASE PRINT IN BLOCK LETTERS**

Name of Referrer:	
Agency:	
Contact Phone Number (Business Hours):	
<b>Applicant Details</b>	
Mr / Mrs / Miss / Ms / Other:	
Surname:	Given Name:
Date of Birth (optional):	Sex: M / F
Residential Address:	
Postcode:	
Contact Phone Number (Business Hours):	
Email:	
I live: <input type="checkbox"/> Alone <input type="checkbox"/> With spouse / family <input type="checkbox"/> With others	
<b>Would you like to use online library services? If so, please provide us with a password</b>	
The password can be letters, numbers or combinations of both. Choose something that is easy to remember.	
<b>Please provide an alternative contact address</b> (eg. Close friend, Relation)	
Relationship to Applicant:	
Mr / Mrs / Miss / Ms / Other:	
Surname:	Given Name:
Residential Address:	
Postcode:	
Phone:	Mobile:

**PLEASE TURN OVER**

**I hereby apply for a Borrower's Card enabling me to borrow Library items. All items loaned to me shall receive proper care while in my possession and I will be financially responsible for any damage to, or loss of library materials.**

Signature:		
Date:		
<b>Name of Carer (if applicant is unable to sign)</b>		
Mr/Mrs/Miss/Ms/Other:		
Surname:	Given Name:	
Second Name:	Date of Birth:	Sex: M / F
Residential Address:		
Postcode:		
Phone:	Mobile:	
Email:		
<b>In case of loss or damage to books or other library material borrowed by the above applicant, I accept full financial responsibility.</b>		
Signature:		
Date:		

<b>Office use</b>							
CL902J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D

