

# Latrobe City Libraries **Kinder** Membership Application

For community groups, school and other educational facilities where parental consent is required.

## Personal Details

Parent / Guardian Name: \_\_\_\_\_

Name of Student / Patron: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Residential Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Preferred Contact Number (s): \_\_\_\_\_

Email: \_\_\_\_\_

## Parent / Guardian Agreement

Are you a current Latrobe City Libraries member? Yes ☐ No ☐

As the parent/guardian of the above-named, I give permission for the student/patron to access and borrow resources as a member of Latrobe City Libraries. I have received and read the Terms and Conditions of Membership and understand my responsibilities as the signatory on behalf of this student/patron.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Date: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Check for duplicate membership ☐

Receiving Officer Name: \_\_\_\_\_

Authorised by Team Leader: \_\_\_\_\_