

# Yarra Plenty Regional Library Service Junior Membership Form

Yarra Plenty  
REGIONAL LIBRARY



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## Branch Library

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### Applicant

Given name:

Family name:

Date of birth:

Sex M / F

Membership number (Office use only):

B4/ \_\_\_\_\_

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### Parent/Guardian/Guarantor (Person taking responsibility for this membership)

First name:

Family name:

Sex M / F

ID verification (Office use only):

Staff signature (Office use only):

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### Residential Address

Street:

Suburb:

Postcode:

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### Parent/Guardian/Guarantor Postal Address (If different from above)

Street:

Suburb:

Postcode:

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### Parent/Guardian/Guarantor Contact Details

Home:

Mobile:

Work:

Email:

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I, the undersigned hereby apply for membership of the Yarra Plenty Regional Library Service for the person named above. In relation to this membership, I agree to:

1. Comply with the By-Laws of the Yarra Plenty Regional Library Service
2. Take responsibility for all items issued on the membership card until returned to the library
3. Accept responsibility for the choice of library materials by the student
4. Pay replacement and processing costs for items lost, destroyed and damaged by any cause while on loan to the above student, except such damage as is caused by reasonable and fair use.
5. Notify the Library Service immediately if the above card is lost or stolen
6. Give notice of any change of name and or address within seven days of such change

I understand that failure of to comply with the above conditions may result in the suspension of borrowing privileges.

Signature of Guarantor \_\_\_\_\_ Date \_\_\_\_\_