Maranoa Regional Council Libraries Membership Application Form



Office use only	Applicant Membership Type:	Junior (0 12)		Young Adult		Adult		Temporary	/	Tourist	
APPLICANT / PARENT / GUARDIAN DETAILS: Children under the age of 15 MUST provide parent/guardian details											
Surname:				Given Name/s:							
Postal Address:											
Town/Suburb: State:								Postcode:			
Residential Address: (If different to above)											
Town/Suburb: State:				Postcode:							
Phone: Mobile:											
Email:											
FAMILY MEMBERS				Internet Access			Media Consent*		Office use Card No		
Full Name		ate of oirth	Membe (Junio		YES	NO	Y	ES NO			
									H		
									L		
Applicant Identification Verification: Driver's License No. / Medicare No. / student ID No.:											

Library.

I would like to receive email updates about events & programs and other important information from my

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TERMS & CONDITIONS: (all conditions also apply to minors under your care if applicable)							
By signing below, I agree to abide by the terms & conditions of membership.							
 Mem 2006 Mem 4. I will use 6 I und parel servi Mem librar 	 Members must comply with the conditions of the Copyright Act 1968 and Copyright Amendment Act 2006. Members agree to take good care of all library material borrowed. I will not hold Maranoa Regional Council responsible for any damage to my equipment arising from the use of library DVDs or AV materials that I borrow. I understand that library staff cannot be held responsible for the content of the materials I borrow & that parents and guardians are responsible for their children's selection and use of library materials and services, including access to the internet. Members agree to immediately pay to Council, relevant fees and charges associated with the use of library facilities, materials and services and as amended or determined by Council from time to time. 						
	*I consent to Maranoa Regional Council using my name, image & likeness & that of all members (as indicated above) for promotional activities or reporting purposes, in any media, for the library or for Facebook activities						
	I, the applicant, declare that the above information is correct in all respects at the time of lodgement of this application. Should any of the details given in relation to this application be changed in the future, I understand it is my responsibility to advise my local library service of such changes.						
Applicant's	(or Parent/Legal Guardian) Name:						
	(or Parent/Legal Gaudian) Signature: ubership this MUST be signed by a Parent/Legal Guardian)						

You are providing personal information, which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the Information Privacy Act 2009, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so, or the disclosure is required by law.

OFFICE USE ONLY									
Date:	Applicant Card No.:	RM9 Record #:	Staff Initial:						

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