

Application for book club kit membership

Book club name: _____

Authorised contact person 1:

First name: _____ Surname: _____

Mailing address: _____

Suburb: _____ Post code: _____

Daytime phone: _____ Alternative phone: _____

Email: _____

Kiama Library membership number: _____

Authorised contact person 2:

First name: _____ Surname: _____

Mailing address: _____

Suburb: _____ Post code: _____

Daytime phone: _____ Alternative phone: _____

Email: _____

Kiama Library membership number: _____

Would you like to receive a courtesy notification via email when your items are due? yes no

Would you like to hear about book club author events via email? yes no

We agree to comply with the rules and regulations of membership as set out by Kiama Library. We also agree to promptly pay any fines, fees or charges relating to the loss of or damage to items. We will immediately report lost cards and notify of any change of contact details.

Signature: _____ Date: _____

Office use only

Barcode

New membership

Renewal

Fee paid: Y / N

Date: _____

Processed

Proof of address: _____

Staff initials: _____