



Port Macquarie-Hastings Library  
**Junior Membership Application**  
(Under 16 years of age)

**Information about Parent/Guardian**

If already a library member please insert Library Card Number: \_\_\_\_\_

Please complete section below:

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mobile: \_\_\_\_\_

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

I would prefer to receive **RESERVATION** notices by **Email / SMS / Letter**

I would prefer to receive **REMINDER** notices by **Email / Letter**

I would like to receive occasional emails about **Library Events YES / NO**

As the parent/guardian or authorised carer of the child/children listed on this application I guarantee to take responsibility for items lost or damaged whilst borrowed on their card(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD 1.** (Staff use) Library Card No.: \_\_\_\_\_

Surname: \_\_\_\_\_ Male/Female

Given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: (If different from Parent/Guardian)

\_\_\_\_\_

\_\_\_\_\_

Do you want your child to have access to the Internet , following library rules of access ? YES/NO

**CHILD 2.** (Staff use) Library Card No.: \_\_\_\_\_

Surname: \_\_\_\_\_ Male/Female

Given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you want your child to have access to the Internet , following library rules of access ? YES/NO

**CHILD 3.** (Staff use) Library Card No.: \_\_\_\_\_

Surname: \_\_\_\_\_ Male/Female

Given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you want your child to have access to the Internet , following library rules of access ? YES/NO

**CHILD 4.** (Staff use) Library Card No.: \_\_\_\_\_

Surname: \_\_\_\_\_ Male/Female

Given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you want your child to have access to the Internet , following library rules of access ? YES/NO