



Visitor Membership Form

Family Name: _____

Given Names: _____

Home Address: _____

_____ Postcode: _____

Date of Birth: _____

Male / Female

Mobile Phone: _____ Home Phone _____

Email: _____

Holiday Address: _____

Short Term Membership

Long Term Membership

Staff use Only

Library Card No.: _____

Staff initials: _____



**PORT MACQUARIE
HASTINGS**