

BRANTFORD PUBLIC LIBRARY MEMBERSHIP FORM

PERSONAL INFORMATION OF APPLICANT

First Name _____ Last Name _____

Middle Name _____ Date of Birth _____

Please create a four-digit PIN (Password): ____ _

CHILD APPLICANT

Please complete if applicant requires consent of parent or guardian to apply

First Name _____ Last Name _____

Middle Name _____ Date of Birth _____

ADDRESS

Street Address _____ Apt _____

City, Province _____ Postal Code _____

Phone Number _____

Email Address _____

I consent to receive circulation notices by (choose one): Phone Email Text

MEMBERSHIP TERMS AND AGREEMENT

I accept responsibility for all library material borrowed with this card and if listed above, responsibility for my child(s)' selection, use and return of all materials, as well as any fees that may accumulate on the card(s). I will abide by the rules and regulations of the library.

Name _____ Signature _____ Date _____

STAFF USE ONLY

Check for prior card: Yes No Identification used to verify: _____

Staff initials at time of registration _____ Barcode number: _____

City of Brantford: Ward 1 Ward 2 Ward 3 Ward 4 Ward 5

Reciprocal Borrower: Brant County Cambridge Six Nations WLU

Non-Resident: Business/Property Owner Work Ontario Out of Province

The information on this form is collected under the authority of the Public Libraries Act, R.S.O. 1990.c.PP. 44, s23(4) and the Municipal Freedom of Information and Privacy Act. Information collected will be used for the administration of the library and promotion and provision of library services and programs. Questions related to the collection of personal information should be directed to the CEO, Brantford Public Library, 173 Colborne Street, Brantford, N3T 2G8