



Cleve School Community Library Registration Form

Are you already a member of another one card public library in SA: Y / N

Title: please circle Dr Mr Mrs Ms Miss Other

First name:

Preferred name:

Middle name:

Surname:

Gender: please circle Male Female Other

Date of birth:/...../.....

Language spoken at home if other than English:

Postal Address:

.....

Town: Postcode:

Phone: Home: Work: Mobile:

Email address:

I agree to comply with library regulations and to pay for any books and other materials lost or damaged by me. Unauthorised copying of materials is an infringement of copyright and may render the infringer liable to action at law. I therefore undertake that materials borrowed by me will not be copied.

Signed: Date:

Form of identification:
(Preferably driver's license, passport, medicare)