

**Application for Membership**

**City Administrative Centre** Bridge Road, Nowra, NSW, Australia, 2541

**Address all correspondence to:** The Chief Executive Officer, PO Box 42, Nowra, NSW, Australia, 2541 [council@shoalhaven.nsw.gov.au](mailto:council@shoalhaven.nsw.gov.au) I [www.shoalhaven.nsw.gov.au](http://www.shoalhaven.nsw.gov.au/) I Phone: (02) 4429 3111 I Fax: (02) 4422 1816

Personal details are required to process your membership application. The information will be used by Council staff (including contractors and consultants) to allow you to borrow library material; have access to library resources and facilities; and to contact you regarding library issues. The supply of this information is voluntary. If you cannot provide or do not wish to provide the information sought, Council may not be able to process

your application. You may apply for access or amendment to information at any time by contacting Council.

## Identification is required when joining. Please see list overleaf for accepted forms of Identification

Staff use only

 Adult  Junior Date: ............. /..................../ ................ Staff Initials: ....................... Member Number: .......................................................................... ID Type Cited: .................................................................

No

Yes

I would like to receive library news and notifications

Email address: .........................................................................................................................................................................................................................................................................................................................................................................................................................................

Mobile:.............................................................................................................................................................................................................

Date of Birth: ....................................................................................................................................................................................

Home Phone: ........................................................................................................................................................................................

Business phone: ..............................................................................................................................................................................

Home Address:.........................................................................................................................................................................................................................................................................................................................................................................................................................................

(if different from postal address)

Suburb: ................................................................................................................................................................................................................................................................... Postcode: ...........................................................................................................................................

Postcode: ...........................................................................................................................................

Suburb: ..................................................................................................................................................................................................................................................................

Postal Address:........................................................................................................................................................................................................................................................................................................................................................................................................................................

Organisation

Not Stated

M

F

Gender:

Title: .........................................................................................................

Given names: ..................................................................................................................................................................................

Surname:...........................................................................................................................................................................................................

**1 Applicant**

Date:....................................................................................

Parent/Guardian Signature:....................................................................................................................................................................................................................................................................

I have read, understand and agree to comply with the Conditions of Membership (listed overleaf)

Name of Parent/Guarantor: .........................................................................................................................................................................................................................................................................................................................................................................................

Address (or as above):......................................................................................................................................................................................................................................................................................................................................................................................................................

Date:....................................................................................

Signature: ........................................................................................................................................................................................................................................................................................................................................

**Parent/Guardian for Junior Membership**

**Adult Membership**

I have read, understand and agree to comply with the Conditions of Membership (listed overleaf)

**Authorisation**

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*Privacy Notification: The information will be used solely by Council staff for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on voluntary basis and they may apply to Council for access or amendment of the information at any time.*

***This form may be published on Council’s website in accordance with Government Information (Public Access) Act 2009***

**OFFICE USE ONLY**

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| Form Number: 2573 | Issue Date: 08/2019 |
| Version Number 3 | Next Review date: 08/2022 |

# South Coast Co-Operative Libraries Conditions of Membership

**Membership details are confidential and will only be disclosed to other parties for you to access digital library materials.**

***By signing the South Coast Co-Operative Libraries Membership form you are agreeing to:***

* Provide proof of identity (see below for accepted forms of identification).
* Provide correct and current residential information.
* Present your library card for all transactions either physically or digitally via the library app.
* Report your lost membership card to the library immediately.
* Ensure that your membership card is not used by any other person.
* Notify the library as soon as possible of any changes to your membership details.
* Consider other library patrons when using any device in the library, such as your mobile phone.
* Be responsible for the suitability of any item or service that is personally used.
* Pay any fees incurred for damaged or unreturned items according to Council’s Fees & Charges schedule.
* Your membership being suspended should you have items that are long overdue.
* Your membership details being shared with 3rd party providers as required.
* Follow relevant legislation including the Library Act 1939, the Library Regulation 2010 and the Copyright Act 1968.

For parents and guardians of junior members you are also agreeing to:

* Be responsible for the conduct of your child / children in the library, and for the suitability of any item or service that is used by them.
* Supervise your child / children when they are using internet services.

By becoming a member of the South Coast Co-Operative Library Service you acknowledge that:

* Our libraries are public spaces where photos or recordings may be taken for promotional purposes. Signage will be present, and we will seek permission before taking photos or recordings. If you specifically wish that you or your child / children not be photographed please advise library staff at the time.
* Library resources are loaned on the understanding that they are for private use only.
* The library is not responsible for any loss or damage that may occur to personal belongings.
* Conditions of membership may be reviewed and amended by Council without notice.

Acceptable forms of Identification are:

* NSW Drivers Licence or NSW Photo Card
* Pension / Health Care Card
* Council Rate Notice or Lease / Rental Agreement
* Student Card
* Defence Card
* Utilities Account