

Child Membership Application Form

DATE OF APPLICATION / / MEMBER CODE _____ (completed by the Librarian)	NEW APPLICATION <input type="checkbox"/>	CHANGE OF DETAILS <input type="checkbox"/>
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CHILD'S DETAILS

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname		
First Name		
Father's Name		
Date of Birth		
School / Grade		
Telephone Number		

PARENT'S/GUARDIAN'S DETAILS

Surname	
First Name	
Father's Name	
Date of Birth	
ID Card / Passport Number	
Address	P.C.
Home Telephone Number	
Work Telephone Number	
Mobile Phone	
E-mail	

I was informed on the operation and the Rules of the Library and I agree for my child to be a member of it.
 I consent to using the Computers as well as to being at the premises of the library without a parent-guardian present from the 4th Grade of Primary School and over.

Parent's / Guardian's Signature