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| **LIBRARY MEMBERSHIP – CITY STAFF** |

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| --- | --- | --- | --- | --- |
| Title: |       |  | Surname: |       |
|  |  |  |  |  |
| First Name: |       |  | Middle Initial: |       |
|  |  |  |  |  |
| Preferred Name: |       |  | Date of Birth: |       |

**CGG Work Details**

|  |  |  |
| --- | --- | --- |
| Department: |       | *(where you work)* |
|  |  |  |  |  |
| Phone Number: |       |  | Mobile Number: |       |

**Residential Address**

|  |  |
| --- | --- |
| Address: |       |
|  |  |
| Suburb/Town: |       |  | Postcode: |       |

**Postal Address** **[ ]** *please tick box if the Postal Address is the same as Residential Address*

|  |  |
| --- | --- |
| Address: |       |
|  |  |
| Suburb/Town: |       |  | Postcode: |       |

**Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone Number: |       |  | Mobile Number: |       |
|  |  |  |  |  |
| Email Address: |       |

|  |  |  |
| --- | --- | --- |
| Request to receive SMS Notifications: | Yes [ ]  | No [ ]  |
|  |  |  |  |  |
| Would you like to be notified via email of events organised by the Library: | Yes [ ]  | No [ ]  |

**ADDITIONAL FAMILY MEMBERS (Under 16 years)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Surname** | **Name** | **Initial** | **DOB** | **Internet** |
|       |       |       |       |       | Y [ ]  N [ ]  |
|       |       |       |       |       | Y [ ]  N [ ]  |
|       |       |       |       |       | Y [ ]  N [ ]  |

**TERMS AND CONDITIONS OF MEMBERSHIP FOR THE MIDWEST LIBRARIES CONSORTIUM**

I understand that it is preferred that I present my library card when borrowing items from any of the Consortium Libraries. However, documents that provide two points of identification (e.g. driver’s license, a bill with name and address, passport etc.) will also be accepted. I understand that items will not be issued if my card or sufficient identification is not presented at the time of loan.

**I TAKE FULL RESPONSIBILITY TO**

* Ensure all items will receive proper care while on loan to me, or other family members I have under me;
* Return all items on or before the due date;
* Pay all charges imposed for damage or loss of library items or membership cards;
* Monitor the suitability of library resources used by my children, as a parent/guardian;
* Report lost or stolen library card immediately to avoid being charged for any items that may be borrowed by an unauthorised person;
* Notify library staff change of contact details. (*The Consortium will not be responsible for client non-receipt of invoices or notices due to the client not notifying the Library of changes*);
* Comply with Terms and Conditions of Use associated with accessing e-resources and online databases with the Library card;
* I note that the Consortium is part of the state-wide library network and that personal details provided here, may be shared with other participating local government authorities with whom an ICT system is shared.

For full Library Terms & Conditions, please see the Library website;

<https://library.cgg.wa.gov.au/membership-terms-and-conditions.aspx>

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| --- | --- | --- | --- | --- |
| Signature: |       |  | Date: |       |

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| **OFFICE USE ONLY** |

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| --- | --- | --- | --- | --- |
| Staff Initials: |       |  |  |  |
|  |  |  |  |  |
| Notes: |       |
|  |  |
|  |       |
|  |  |
| Identification: |       |  | Checked: | Yes [ ]  | No [ ]  |
|  |  |  |  |  |
| Date: |       |  | Checked By: |       |