

# Adult Membership Application Form

<b>Contact Information:</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Commonly used name:</b> (if different from above)	

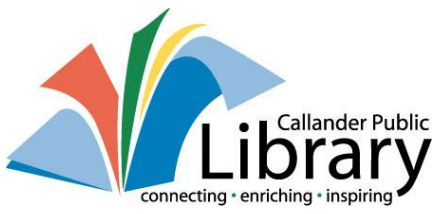
<b>Permanent Address:</b>			
<b>Street:</b>		<b>P.O. Box:</b>	
<b>City:</b>	<b>Postal Code:</b>	<b>Phone:</b>	
<b>Email:</b> (you will be notified by email when your library materials are overdue)		<b>Do you wish to receive the library newsletter:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (if you check 'yes' you will receive notifications of upcoming programs and events)	
<b>Age:</b> <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+			
Note: Age ranges are for statistical purposes only, and are not required			

<b>Local/Seasonal Address:</b> (must provide proof of address, i.e. tax bill, piece of mail, rent receipt)		
<b>Street:</b>		<b>P.O. Box:</b>
<b>City:</b>	<b>Postal Code:</b>	<b>Phone:</b>

By signing this membership form, I agree to:

1. Authorize the Callander Public Library to collect my personal information and send electronic notifications (e-mail) for the purpose of providing library services.
2. Accept responsibility for all materials borrowed through this membership per the Callander Public Library Circulation Policy, which is available electronically at [www.callanderpubliclibrary.ca](http://www.callanderpubliclibrary.ca) or in print at the library.
3. Promptly report changes to my contact information such as name, address, phone and email.

**Library Member (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Staff Use Only	
<b>ID Verified:</b>  Ontario Driver's License <input type="checkbox"/>  2 Pieces of Identification: <input type="checkbox"/>	<b>Library Card Number:</b>
<b>Membership Type:</b>  CAL-RES <input type="checkbox"/> CAL-NRES <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMP <input type="checkbox"/> SCHOOL <input type="checkbox"/>	
<b>Method of Payment:</b> (If Applicable)  Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	<b>Signature of Staff:</b>