

Membership Form

Borrower Number:

Surname: _____ Given Name: _____

Residential Address: _____

Postcode: _____

Phone: _____

Date of Birth: _____

Membership Type

☐ Individual \$5 ☐ Family \$10
☐ Paid

If over 18, please sign

Signature: _____ Date: _____

If under 18, the following must be completed by a parent or guardian

Name: _____

Residential Address: _____

Postcode: _____

Contact Details: E: _____

M: _____

Signature: _____ Date: _____

To be completed by the Duty Officer

Duty Officer Name:

Duty Officer Signature:

Date: