

Membership Form

| Identification and proof of address are required for all registrations (Please print clearly) | |
|---|---|
| Personal Information | |
| Last Name: Middle Names: | |
| First Name: Date | of Birth: |
| If applicant is under 16, name of parents/guardian: As a parent or guardian of this child, I accept responsibility for my child's selection, use and return of all materials, as well as any fines or fees that may accumulate: Name:Signature: | |
| Address | |
| Street: | Apt: |
| City: | Postal Code: |
| Province: | |
| Phone Number: | Home □ Cell □ Work □ |
| Email address: | |
| Please create a four-digit PIN: | |
| I consent to receive circulation notices by: Phone □ Email □ (choose one) | |
| I consent to receive email messages from the Brantford Public Library for research, promotion, programming, and development purposes. I can withdraw consent at any time. YES \square NO \square | |
| For Laurier Students Only | |
| OneCard Number: | |
| Alternate Address: | Phone: |
| Class Visit | |
| School name: | Grade: |
| Membership Terms and Agreement (Lost or stolen cards must | • |
| I accept responsibility for all library materials borrowed with this ca | rd and will abide by the rules and |
| regulations of the library. Name: Signature: | Date: |
| Staff Use Only | Bate |
| | |
| ID verified YES □ NO □ Barcode number: | |
| ID type Staff initials at time of re | egistration: |

The information provided on this form is collected under the authority of the *Public Libraries Act*, R.S.O.1990, c.P.44, s23(4) and the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected will be used only for the administration of the library and the promotion and provision of library services and programs. Questions related to the collection of personal information should be directed to the CEO, Brantford Public Library, 173 Colborne Street Brantford, N3T 2G8