## Southern Downs REGIONAL COUNCIL

## **Southern Downs Regional Council**

PO Box 26, WARWICK QLD 4370 Warwick Library 49 Albion Street, WARWICK QLD 4370 Stanthorpe Library 56 Lock Street, STANTHORPE QLD 4380 Allora Library 78 Herbert Street, ALLORA QLD 4362

Telephone Warwick: 4661 0342
Telephone Stanthorpe: 4681 2141
Telephone Allora: 4666 3742

Email: <u>mail@sdrc.qld.gov.au</u>
Website: <u>www.sdrc.qld.gov.au</u>

## **Community Services** Telephone Allora: 4666 3742 Library Membership Application **Applicant Details** Full name(s) of each family member (Adults join separately) Date of Birth Please circle M / F /Other 2. / / M / F /Other 3. / M / F /Other 4. / M / F /Other 5. / M / F /Other / 6. M / F /Other **Address Street Address:** City: State: Postcode: Postal Address (if different from above): State: Postcode: City: Phone: Mobile: **Email address:** By providing an email address I agree to receive library notices (reservations, due date alerts, overdues) by **Privacy Notice** The information on this form is collected for purposes related to deciding this application and monitoring compliance under the Information Privacy Act 2009 ('the Act'). This information may be stored in Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Council's financial transactions and may be disclosed to other Local Government agencies, State government and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law. Signature of I acknowledge and agree to accept responsibility for all items borrowed on my/my child's card(s). Applicant I understand that I am responsible to pay for lost or damaged items and any other fees or charges I/we might incur. I agree to report any lost/stolen cards to SDRC Libraries immediately. I will notify SDRC Libraries of any changes to contact details provided. I will respect the rights and security of staff and other library users. I agree to abide by the library policy on appropriate internet use. Parents/guardians are responsible for their child's selection and use of library materials and services, including access to the internet. Signature: ..... Name of parent/guardian (for members under 16): Office Use Only □ Reciprocal (Tenterfield) ☐ Queensland Resident ☐ Subscription (Yearly fee) Staff initials: Receipt No.: