

Membership No. \_\_\_\_\_

Mr  Mrs  Miss  Ms  Dr Family name \_\_\_\_\_

Given Names \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Home Address \_\_\_\_\_  
\_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Local Government Area:  City of Ryde  Other \_\_\_\_\_

*Membership for non-residents from non-reciprocal LGAs is subject to an annual fee and renewal of membership.\* Exemptions apply if you work, study or are a ratepayer in the City of Ryde. Children under six years of age have a limited exemption.*

**Email address for contact / alerts** \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

Would you like to receive information about library news and events via email? Yes / No

Languages you read \_\_\_\_\_

*I agree to accept the regulations and Conditions of Membership of Ryde Library Services.  
The Conditions of Membership are available via the Library website.*

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**An application for a person under 16 years must be signed by a guarantor (parent/guardian).**

I acknowledge that it is the guarantor's responsibility to supervise internet access.

Guarantor Name: (Please print) \_\_\_\_\_

**Guarantors should provide alternate info below if different to that given elsewhere on this form.**

Guarantor Address \_\_\_\_\_  
\_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Guarantor Email address for contact / alerts: \_\_\_\_\_

**PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998**

In completing this form you will be prompted to supply information that is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, the Council may be unable to process your request.

**Council is required under the Act to inform you about how your personal information is being collected and used. If you require further information please contact Council's Customer Service Centre on 9952 8222 and ask for an information sheet to be forwarded to you.**

**STAFF USE ONLY**

ID Sighted \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_