Membership No:	

Re-	reg			
Ne	ew			
Α	Р	٧	J	JA

ETHEKWINI MUNICIPAL LIBRARY APPLICATION FOR ADULT MEMBERSHIP (18 YEARS OR OLDER) and/or PARENT/GUARDIAN DETAILS FOR JUNIOR MEMBERSHIP



Please produce

Your original identity document/passport and a photocopy for our records
 Proof of your current address

Applicant's Signature : _____

PERSONAL	INFORMATION	
Surname	: Mr/Mrs/Ms(Please print)	
First Name/s	• ,	
Postal Address	:	Identity Number :
		WORK INFORMATION
	Code:	Name of Business/Company
Home Address :		Name of Business :
		Work Address :
	Code:	
Home Tel No :		Code:
Cell Phone No:		Work Tel No :
e-mail Address :	·	e-mail Address :
ALTERNATIVE :	ADDRESS	ADDRESS OF WHERE NOTICE CAN BE SERVED IN
Name of relative,	friend or neighbour not at the same address	CASE OF LEGAL ACTION:
Name	:	(Please tick box)
Address	:	Home : Business Postal
	Code:	
Tel No	:	
of the library. Provincial Libra my children's r costs and expe	I agree to observe the by-laws, rules ary Service. I undertake to be responsible membership card/s, by myself or any o enses incurred by the library in recovering	e eThekwini Municipality, I hereby apply for membership and regulations of the library and the Kwa Zulu-Natal e for any items borrowed on my membership card and / or ther person, and to pay the relevant fines, replacement g such items or payments. I hereby agree to abide by all 978 (Act No. 98 of 1978) as amended. I also agree to give number or any of the details above.

Date:_____

APPLICATION FOR JUNIOR MEMBERSHIP (0-17 YEARS)



Please produce each child's original barcoded identity document or birth certificate and a photocopy for our records.

Membership No:	Membership Type:	JJA
Surname :	First Name/s :	
Surname : (Please print) Identity Number : (Please print)	(In full) Date of birth :	
	Cabaal Tal Na	
Name of school :		
This child, being 12 years or older, is perm	nitted to borrow any adult book/s: Yes	No
Date:	Signature of parent/gu	ardian :
Membership No:	Membership Type:	JJA
Surname :	First Name/s :	
(Please print)	(In full)	
Identity Number:	Cohool Tol No	
Name of school :	School lei No	
This child, being 12 years or older, is perm	itted to borrow any adult book/s: Yes	No
Date:	Signature of parent/gu	ardian :
Membership No:	Membership Type:	JJA
Cumara	First Name/s :	
Surname : (Please print)	(In full)	
Identity Number:		
Name of school :	School Tel No :	
This child, being 12 years or older, is perm	itted to borrow any adult book/s: Yes	No
Date:	Signature of parent/gua	ardian :
FOR OFFICE USE ONLY		
Branch/Depot :	(0)	
Registration Date :(Y)		
Expiry Date :(Y)	(M) (D)	
Checked by :		
Librarian's		
Signature Reference verified: Yes No		

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