

**WINTON LIBRARY MEMBERSHIP APPLICATION FORM (Adult)**

**Winton Shire Council** (Council) is the provider of this Public Library service. Council is committed to offering a welcoming, inclusive and stimulating environment where a love of reading is nurtured, and library users can meet their educational, information and recreational needs.

**Operational hours: Monday to Friday 9.30am – 4.30pm, Saturday 9:30 – 11:30 (Closed Sundays)**

**Fees/Charges:** Membership is free.

**Our Mission:** To build and enrich our community through sustainable library services, supporting and promoting quality learning, lifestyle and diversity.

**ADULT DETAILS – PLEASE PRINT CLEARLY**

Surname:		Given Name:	
Date of Birth:		Mr./ Ms./ Mrs./ Miss:	
Residential address:			
Mailing address:			
Mobile number:		Email address:	

**DECLARATION - TO BE READ AND SIGNED**

I acknowledge that I have read and understood the **Library Membership Policy**, and I agree to:

- Abide by the policy requirements.
- Be responsible for all items borrowed using my Library Card.
- Pay for all charges pertaining to overdue, lost or damaged items.

**Note:** The non-return of library items will result in Council taking appropriate Legal action to recover same.

**INTERNET USAGE / PHOTOGRAPHY****CONSENT  
Y or N**

Internet:	Persons under the age of 18 years wishing to use the internet service provided by the library, requires the permission of their parent/guardian. Please indicate that you are 18 years or older.	
Photography:	Staff may take photos in the library for promotional purposes. Please indicate your consent for Council using your name, image and likeness, to be displayed in the library and/or posted on social media platforms.	
<b>Name:</b>		<b>Signature:</b>

**LIBRARY USE ONLY**

Borrower ID No:		Driver's License No:	
<input type="checkbox"/> Concession Card No.	<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Medicare Card No.	<input type="checkbox"/> Other.....
Staff Name:			
Staff Signature:			
Date:		Date entered:	

**Phone** 07 4657 2666  
**Fax** 07 4657 1342  
**Email** [ceo@winton.qld.gov.au](mailto:ceo@winton.qld.gov.au)  
**Address** PO Box 288  
 Winton, QLD, 4735

**PRIVACY NOTICE:** Winton Shire Council is collecting the personal information you supply on this form for the purpose of processing the application. Your personal details will not be disclosed to any other person or Agency external to Council without your consent unless required or authorised by law.

