

# MEMBERSHIP APPLICATION (FCCS023)



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CASHIER HOURS:  
8:30am – 4:30pm  
MONDAY- FRIDAY

Please complete this form to apply for Membership to Narrogin's RW (Bob) Farr Memorial Library.

## PERSONAL DETAILS

Surname		First Name	
Title		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (optional)			

## CONTACT DETAILS

Residential Address			
Postal Address (if different from above)			
Telephone No		Email Address	

## ALTERNATE CONTACT DETAILS

Please ensure your alternate contact lives at a different address to you. They **do not** need to live in Narrogin. (e.g. An employer/relative/friend).

Full Name			
Relationship to applicant			
Postal Address			
Telephone No		Email Address	

## JUNIOR FAMILY MEMBERS WISHING TO JOIN LIBRARY

Full Name	Gender M/F	Date of Birth

In signing this form, I accept full responsibility for all items borrowed and any usage of the council computers and Wifi system by myself and/or any junior members included on this form. I will ensure all items loaned to me/us, are properly cared for and I agree to pay for any items I/we damage or lose.

Name			
Signature .....			
Date .....			

## Office Use (To be completed by Library Officer)

Identification Sighted:			
Signature:		Date	