Application form: library membership

To join the library service you are required to fill in the application form (please see over). The following steps will assist you in the registration process.

**Step 1 - Complete the application form**

Fill in the form (overleaf) including all your relevant details.

If you are a parent or guardian registering a person under 18 years of age, you must include your details as the applicant and any dependents in the ‘Details of other people under 18 years of age’ section of the application form.

**Step 2 - Provide the relevant documents**

You will need to provide two forms of identification, at least one must confirm your name and current residential address. Accepted forms of current identification include:

- GCCC rates notice
- Rental agreement
- Drivers licence
- Centrelink / pension card
- Utility notice.

**Step 3 - Activate your GCCC library membership**

To activate your GCCC library membership and receive your library card please take your completed form and receipt to your nearest GCCC library service point and present your application form to branch library staff. You will then be issued with your GCCC library membership card.

You will be required to sign your library membership card agreeing to the terms of membership.

Notes to assist:

- Each adult applying for membership must fill in a separate application form.
- A parent or guardian who is registering a person under 18 years of age may use one application form for themselves and any additional person under 18 years of age.
- GCCC library membership is valid for two years

For more information

Phone: 5581 6788
PO Box 5042
Gold Coast Mail Centre 9729
Gold Coast City Council
library membership

Your personal information is being collected in accordance with Gold Coast City Council Local Law No. 4 (Libraries) 2008 in order to register you as a new library member. The information will only be used by authorised Council officers for the purpose of providing a library service and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Applicants details
☐ Mr  ☐ Mrs  ☐ Ms  ☐ Miss  ☐ Other __________
Family name _______________________________________
Given names _______________________________________
Date of birth ______/______/______  ☐ male  ☐ female

Contact Details
Residential Address
____________________________________________________________________________
____________________________________________________________________________
Post Code ____________________________
Postal Address (if different from above)
____________________________________________________________________________
____________________________________________________________________________
Post Code ____________________________

Telephone
Home _____________________________________________
Work _____________________________________________
Mobile ____________________________________________
Email  _____________________________________________

Are you applying for membership for yourself  ☐ yes  ☐ no
Would you like to receive our monthly library eNewsletter  ☐ yes  ☐ no

Details of other people under 18 years of age applying for membership
Family name _______________________________________
Given names _______________________________________
Date of birth ______/______/______  ☐ male  ☐ female

Family name _______________________________________
Given names _______________________________________
Date of birth ______/______/______  ☐ male  ☐ female

Family name _______________________________________
Given names _______________________________________
Date of birth ______/______/______  ☐ male  ☐ female

Declaration
I hereby apply for registration of Gold Coast City Council Library Service and declare that the details on this application form are correct. By signing this application I agree to adhere to the following rights and obligations:

■ I agree to abide by GCCC Local Law Policy No 4 (Libraries).
■ I agree to pay any fees and charges relating to loss or damage of library resources.
■ I agree that Council does not act as a censoring authority.
■ My library membership card will be presented for all library transactions.

If signing as a parent or guardian:
■ I agree that I am responsible for supervising the access and use of resources by non-adult people.
■ I will sign the back of my card, and/or child’s library card agreeing to the rights and obligations above.

Applicant’s signature
____________________________________________
Date  ______/______/______

Assistance with transaction
For assistance speaking to a Council officer please call the National Translating and Interpreting service on 131 450. To use this service you will need to tell them your preferred language and that you want to call Gold Coast City Council (5581 6788). This is a free service for Council related business.

GCCC Administration/branch office staff use only

Forms of identification showing name and address sighted
☐ Rates notice  ☐ Rental agreement
☐ Drivers Licence  ☐ Centrelink / Pension card
☐ Addressed mail  ☐ Utility notice
☐ Other

Branch library staff use only - membership card issued
Library staff member _______________________________________
Date  ______/______/______
Preferred pick-up location _______________________________________
Remote site (if applicable) _______________________________________
Subscribed to eNewsletter database  ☐ yes  ☐ no