

Book Club Registration Form

1. BOOK CLUB NAME

1st choice _____

2nd choice _____

2. MAIN COLLECTION LIBRARY

(Please tick one)

Beechboro Public Library

Ellenbrook Community Library

Ballajura Public Library

Guildford Public Library

Bullsbrook Community Library

Midland Public Library

3. SIGNATORIES

Two club members are required to sign on behalf of the club. Please give details for these

1st signatory

Surname _____ First Name _____ Middle Name _____

Mr / Mrs / Ms / Miss / Dr _____ Gender Male / Female Date of birth _____

Address _____

Suburb _____ Postcode _____

Email _____

Phone _____ Mobile _____ Reside within City of Swan? Yes No Unsure

2nd signatory

Surname _____ First Name _____ Middle Name _____

Mr / Mrs / Ms / Miss / Dr _____ Gender Male / Female Date of birth _____

Address _____

Suburb _____ Postcode _____

Email _____

Phone _____ Mobile _____ Reside within City of Swan? Yes No Unsure

4. DECLARATION

I have read and agree to the Borrowing Rules and Conditions

Signature _____ Signature _____

Name _____ Date _____ Name _____ Date _____

COS2128

www.swan.wa.gov.au/libraries

