## **Winton Library Application - Adult**

Winton Shire 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 9.30am - 11.30am, 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.

| Applicant Details   |  |       |
|---|--|-------|
| Surname   | Given Name   |       |
| Date of Birth   | □ Mr □ Mrs □ Ms □ Miss   |       |
| Residential<br>Address  |  |       |
| Postal Address  |  |       |
| Contact Number  | Email Address  |       |
| Internet Usage / Photography  |  | nsent |
|   | ersons under the age of 18 years wishing to use the internet service provided by the   | Yes   |
| III   | orary, requires the permission of their parent/guardian  | Vo    |
| Photography St  | aff may take photos in the library for promotional purposes.   | Yes   |
|   | ease indicate your consent for Council using your name, image and likeness, to be splayed in the library and/or posted on social media platforms. $\Box$ | No    |
| Declaration   |  |       |
| 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.  Name  Signed |  |       |
|   |  |       |
| Library Use Only  |  |       |
| Borrower ID No  | Driver's Licence No:   |       |
| ☐ Concession Card No. ☐ Credit Card ☐ Medicare Card No. ☐ Other   |  |       |
| Staff Signature   |  |       |
| Date  | Date Entered   |       |
|   | <u> </u>   |       |



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