



LIBRARY & INFORMATION SERVICES
MEMBERSHIP APPLICATION
 (Please present a valid identity document)

CITY OF TSHWANE
 IDENTIFYING EXCELLENCE

PATRON TYPE: _____ MEMBER NO.: _____

SURNAME: _____ TITLE: _____

FULL NAMES: _____

ID: _____ DATE OF BIRTH: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

RESIDENTIAL ADDRESS: _____ POSTAL CODE: _____
 (which address I choose as domicile at executand)

TEL HOME: _____ WORK: _____
 CELL: _____ E-MAIL: _____

EMPLOYER/STUDY INSTITUTION: _____

HOME LANGUAGE: _____

CONTACT PERSON: _____ TEL NO: _____

RELATIONSHIP: _____

DEPENDANTS: _____

PATRON TYPE: _____ MEMBER NO.: _____

1. SURNAME: _____

FULL NAMES: _____

DATE OF BIRTH / ID: _____

AGE: _____ GENDER: _____

SCHOOL: _____ GRADE: _____

PATRON TYPE: _____ MEMBER NO.: _____

2. SURNAME: _____

FULL NAMES: _____

DATE OF BIRTH / ID: _____

AGE: _____ GENDER: _____

SCHOOL: _____ GRADE: _____

I, as applicant/parent/guardian, hereby apply for membership for myself/abovementioned minor applicant(s) and hereby agree to observe the rules of the Tshwane Community Library and Information Services and make good any loss or damage done to library material borrowed by me/the applicant(s). I acknowledge receipt of a copy of the library rules.

SIGNATURE _____ DATE _____

OFFICIAL USE	STAFF MEMBER:		
Proof of identity checked	YES	NO	Proof of residence checked
	YES	NO	YES
			NO