

MEMBERSHIP APPLICATION

Dependent Adult

The person with this form has requested a membership with Red Deer Public Library. A free membership card allowing borrowing from all collections, Downtown and Dawe Branches, and use of the electronic workstations is available for dependent adults. Should you wish use of the electronic workstations **only**, a free e-card is available.

Please choose one of the following membership options:

_____ Access to ALL Library collections available for loan AND electronic workstations (Internet) - FREE for dependent adults.

_____ Access to unfiltered **electronic workstations only** (E-card) FREE

APPLICANT INFORMATION:

Last name of applicant: _____ First name of applicant _____

D.O.B. ____/____/____/ Home Phone No. _____
Month/ Day/ Year

Address: _____

City/Town _____ Province _____ Postal Code _____

PARENT, LEGAL GUARDIAN, TRUSTEE INFORMATION:

Last name: _____ First name: _____

Parent _____ Guardian _____ Trustee _____ Phone No. Daytime _____ Evening _____

IDENTIFICATION

Driver's License # _____ name as it appears _____ PROVINCE _____

OR

2 OTHER PIECES OF IDENTIFICATION – WE ARE UNABLE TO ACCEPT SOCIAL INSURANCE NUMBER AS I.D.

1. _____

2. _____

I hereby apply for borrowing and/or electronic workstation access for this applicant and agree to be responsible for all use made of this card including:

- The return of all materials borrowed on the card without damage and by the due date.
- Any fines or charges resulting from the late return, loss of, or damage to, borrowed materials.
- Reporting any change of address, loss of card or materials to the Library immediately.
- Actions of the minor while using Library Electronic Workstations, if permitted.

PARENT/GUARDIAN/TRUSTEE SIGNATURE: _____ DATE: _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used to register and provide services to a library user. It is protected by the privacy provisions of the FOIP Act. Questions can be directed to the FOIP coordinator.

OFFICE USE ONLY:

Membership Barcode #: _____ Date card issued: _____ Staff Initial _____