

ST. CATHARINES PUBLIC LIBRARY MEMBERSHIP REGISTRATION FORM

ANNUAL MEMBERSHIP FEE:

- CITY RESIDENTS, BUSINESS OWNERS AND TAX PAYERS - NO CHARGE
- NON-RESIDENTS - \$75.00
- WHEN APPLYING FOR LIBRARY MEMBERSHIP YOU MUST SHOW 2 PIECES OF IDENTIFICATION, ONE WITH YOUR CURRENT ADDRESS.

ATTN: CLASS VISIT MEMBERSHIP FORMS MUST BE TURNED IN 1 WEEK PRIOR TO CLASS VISIT.

PLEASE PRINT			
NAME:	_____	_____	_____
	<i>SURNAME</i>	<i>FIRST NAME</i>	<i>INITIAL</i>
ADDRESS:	_____	_____	_____
	<i>APT/UNIT #</i>	<i>STREET #</i>	<i>STREET NAME</i>
	_____	_____	_____
	<i>CITY</i>	<i>PROVINCE</i>	<i>POSTAL CODE</i>
	_____	_____	_____
	<i>HOME PHONE #</i>	<i>EMAIL</i>	
RESIDENCY NUMBER: (SEE MAP ON BACK AND ENTER NUMBER HERE)			_____
AGE GROUP: (CHECK ONE)			
<input type="checkbox"/> 0 - 11	<input type="checkbox"/> 12 - 17	<input type="checkbox"/> 18 - 64	<input type="checkbox"/> 65 AND OVER
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	BIRTH DATE:	_____
			(YY/MM/DD)

<u>PARENTAL/GUARDIAN ENDORSEMENT (IF CHILD IS 11 YEARS OLD OR UNDER)</u>			
NAME OF PARENT: OR LEGAL GUARDIAN	_____	_____	_____
	<i>SURNAME</i>	<i>FIRST NAME</i>	<i>INITIAL</i>
ADDRESS: IF DIFFERENT THAN APPLICANT	_____	_____	_____
	<i>APT/UNIT #</i>	<i>STREET #</i>	<i>STREET NAME</i>
	_____	_____	_____
	<i>CITY</i>	<i>PROVINCE</i>	<i>POSTAL CODE</i>
	_____	_____	_____
	<i>DATE</i>	<i>SIGNATURE</i>	

The St. Catharines Public Library collects personal information under the authority of the Public Libraries Act, R.S.O., 1990, c.P.44, s.23(4) for the purpose of the management of library service including membership registration, administration of material circulation, service delivery and service planning. All personal information is confidential.

City of ST. CATHARINES

Lake Ontario

Residency Number

Please identify the area in which you live and record the number of that area on the front as your residency number.

● - indicates a library branch

