



# Leabharlann Chontae Shligigh

## MEMBERSHIP APPLICATION FORM



Please take a few moments to complete this application form.

<b>Name:</b>				
<b>Child/Children's name(s) if applicable</b>	•	•		
	•	•		
	•	•		
<b>Present Address:</b>				
<b>Permanent Address</b>				
<b>If Student, Name of School/College:</b>				
<b>Tel/Mobile No:</b>				
<b>E-mail Address:</b>				
<b>Gender</b>	Male x ____		Female x ____	
<b>Age Group</b>	Under 6 ( )	7 – 12 ( )	13 – 17 ( )	18 – 29 ( )
	30 – 39 ( )	40 – 49 ( )	50 – 59 ( )	Over 60 ( )
<b>Nationality</b>				
<p><b>(A)</b> I have read and agree to abide by the terms and conditions as set out in Sligo County Library's <b>User Policy</b>. A copy of Sligo County Library's User Policy is available on request and on the library website at <a href="http://www.sligolibrary.ie">http://www.sligolibrary.ie</a> under the section "How to join".</p>				
<b>Signed:</b>		<b>Date:</b>		
<b>Guarantor (if applicable):</b>				
<p><b>(B)</b> I have read and agree to abide by the terms and conditions as set out in Sligo County Library's <b>Internet Regulations</b>.</p> <p>I _____ <b>Parent/Guardian</b> give permission for _____ <b>Child's Name</b> to use library computers and access the Internet in the library.</p>				
<b>ID / Evidence of Address Provided:</b>				
<b>ID No. for Temporary visitors (passport, drivers licence etc):</b> _____				