









## A Place to Read. A Place to Grow. It's Your Library.





CHILD'S NA	AME	SURNAME	
DATE OF B	IRTH		
STREET ADDRESS			
PHONE		EMAIL	
PARENT'S NAME		PARENT'S DOB	
We'll assume you live at the same address and share a surname. If not, please write overleaf. You can also provide the names and birthdates of other dependants and we'll create cards for them too.			
Si	gn me up as well and mail e my library card.	N.	

I agree to use the library subject to the conditions of use of Eastern Regional Libraries Corporation including use of the Internet. I accept responsibility for any library materials borrowed or used on my membership or quaranteed memberships and for any charges incurred in using the library.

## **PARENT'S SIGNATURE:**







Eastern Regional Libraries Corporation
1350 Ferntree Gully Road, Scoresby, VIC 3179 | 1300 737 277
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**Knox City Council**