



# Leabharlann Chontae Shligigh

## MEMBERSHIP APPLICATION FORM



Please take a few moments to complete this application form.

<b>Name:</b>				
<b>Present Address:</b>				
<b>Permanent Address:</b> <i>(If different from above)</i>				
<b>If Student, Name of your School/College:</b>				
<b>Telephone Number:</b>				
<b>Mobile Number:</b>				
<b>E-mail Address:</b>				
<b>Gender</b>	Male		Female	
<b>Age Group</b>	Under 6	7 – 12	13 – 17	18 – 29
	30 – 39	40 – 49	50 – 59	Over 60
<b>Nationality</b>				
<b>Passport No/Driving Licence/Age Card No (temporary visitors only)</b>				
I have read and agree to abide by the terms and conditions as set out in Sligo County Library's User Policy. 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>				
<b>Signed</b>				
<b>Date</b>				
<b>Guarantor (if Under 18)</b>				
I have read and agree to abide by the terms and conditions as set out in Sligo County Library's Internet Use Policy.				
I _____ <b>Parent/Guardian</b> give permission for				
_____ <b>Child's Name</b> to use library computers and access the				
Internet in the library.				
<b>ID / Evidence of Address Provided</b>				