

Shire of Mundaring Libraries
Book Club Registration Form



Book Club Name _____

Two club members need to be responsible for the book club kits

1st Signatory

Surname _____ First Name _____ Middle Initial _____

Mr / Mrs / Ms / Miss / Dr Date of Birth ____/____/____ Male / Female

Address _____

Suburb _____ Postcode _____

Email _____

Phone _____ Mobile _____

2nd Signatory

Surname _____ First Name _____ Middle Initial _____

Mr / Mrs / Ms / Miss / Dr Date of Birth ____/____/____ Male / Female

Address _____

Suburb _____ Postcode _____

Email _____

Phone _____ Mobile _____

I have read and agree to the borrowing conditions

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Office use only

Payment received Y / N

Receipt No. _____

Date _____