

# CITY OF SWAN BOOK CLUB REGISTRATION FORM



## Club Name:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

## Main Collection Library

Beechboro Public Library

Ellenbrook Public Library

Ballajura Public Library

Guildford Public Library

Bullsbrook Public Library

Midland Public Library

**Two club members are required to sign on behalf of the club.  
Please give details for these signatories:**

### 1<sup>st</sup> Signatory

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Mr / Mrs / Ms / Miss / Dr Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Reside within City of Swan: Yes / No / Unsure

### 2<sup>nd</sup> Signatory

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Mr / Mrs / Ms / Miss / Dr Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Reside within City of Swan: Yes / No / Unsure

## I have read and agree to the Borrowing Rules and Conditions:

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_