

Membership Form Dublin City Libraries

Fields with an **-*** - **MUST** be completed.

Please Use **block Capitals**

The information on **Parent or Guardian** **MUST** be completed if you are under 18 years of age.

Young Young

*Please circle: **Adult** **Adult** **Adult** **Child** **Visitor**
 18+ 15 – 17 12 – 14 0 – 11

*Date of Birth

*Family Name

*First Name

(If you are under 18 years, enter Parent's or Guardian's address if different from your own)

*Address

*County

*Eircode

*Email

We'll send reminders and overdue notices to this Email address. If you are under 18 years, enter Parent's or Guardian's email address.

Mobile Phone

If you are under 18 years, enter parent's or guardian's mobile phone number.

Home Phone

Please V

* I agree to the terms & conditions and data privacy statement of Dublin City Libraries.

Please V

*I agree to share my details with all institutions in the library network. I understand my details will not be disclosed to organisations outside this network without my consent

Please V

I would like to receive email updates about Library events and programmes. (Optional).

If you are under 18 years of age a Parent or Guardian must complete this section.

Please V

*I give permission for the applicant to join the library and take responsibility for their use of its services, including eBooks & eAudiobooks, DVDs and digital content.

*As the parent/guardian of the applicant, I give permission for him/her to use the internet in the library **(Only for children 12 -17 years)**

Parent's Library Card Number (If a member)

Parent's Full Name

*Signature of Applicant

*Signature of Parent/Guardian (if Applicant is under 18 years)

OFFICIAL USE ONLY

Library Card Number issued