

St. Catharines Public Library Membership Registration Form

City residents, business owners and taxpayers - no charge

Non-residents - \$75.00

Applicants must provide valid identification with full name, date of birth and address at the time of registration and must show identification each year as part of the annual identification check

Please print in blue or black ink

NAME:

Surname *First name* *Initial*

ADDRESS:

Apt/Unit # *Street #* *Street Name*

City *Province* *Postal Code*

Phone # *Email*

BIRTH DATE:

(YYYY/MM/DD)

AGE GROUP: 0 - 11 12 - 17 18 - 64 65 and over

CONTACT ABOUT HOLDS OR OVERDUE MATERIALS BY: Phone Email

OPT IN TO RECEIVE DUE DATE REMINDER EMAILS: Yes No

RESIDENCY NUMBER:

(See map on back)

PARENTAL/GUARDIAN ENDORSEMENT (IF CHILD IS 11 YEARS OLD OR UNDER)

**NAME OF PARENT:
OR LEGAL GUARDIAN**

Surname *First name* *Initial*

ADDRESS: Same address as above Different address (please fill in below)

IF DIFFERENT
THAN APPLICANT

Apt/Unit # *Street #* *Street name*

City *Province* *Postal Code*

SIGNED:

Signature *Date*

If applying as part of a class visit, class forms are due back to the Library: _____

Applicants under 17 years registering as a part of a class visit do not require identification at registration.

The St. Catharines Public Library collects personal information under the authority of the Public Libraries Act, R.S.O., 1990, c.P.44, s.23(4) for the purpose of the management of library service including membership registration, administration of material circulation, service delivery and service planning. All personal information is confidential.

City of ST. CATHARINES

Lake Ontario

Residency Number

Please identify the area in which you live and record the number of that area on the front as your residency number.

• - indicates a library branch

