

WESTERN CAPE PROVINCIAL LIBRARY SERVICE

Membership Application

Must be accompanied by proof of ID and proof of current home address (not older than 3 months)

LIBRARY:						
Basic Information	-, r					
Title:	Surname:					
Full Name(s): ID No.				Gende	er: M F	
Passport-/ Permit Num	nber		Organisation	s: Name		
Expiry Date (Passpor	t / Permit holde	ers / Organisations	d d m m	уууу		
Home language: Afr: Eng: Xho: Other language:						
Date of birth:	d m m	уууу	Ap	pplicant under 18 yea	rs Y N	
Applicant under 18 ye	ears of age:					
Parent / Guardia Parent / Guardia	n's Name:					
Educational Institution	1					
Primary School School Name		ligh School	Home School Grade	Tertiary Student No.	Other	
Addresses						
Address 1 – Homo Address	e / Residential	Address	Address 2 – Posta Address	ıl / Work / Other		
_			_			
Town Postal Code			Town Postal Code			
Home Tel.			Phone No.			
Cel. No.			Cel. No.			
Email:			Email:			
Referents						
1 st Contact	Relationship		2 nd Contact	Relationship		
Name			Name			
Phone No.			Phone No.			
Address			Address			
Town			Town			
Postal Code			Postal Code			
Signature of Applican (If applicant is un				Date:		
In terms of the Protection	on of Personal Inf	formation Act 2013 (Po	regulations of the library an OPIA), we process your pe sonal information may be	ersonal information as n	eeded to establish and	
business or as needed	to comply with	n law. A complete pr	rivacy notice is available ort-respects-and-protects-	on https://www.wester		
OFFICE USE						
Barcode	Profile:	Child/Juvenile (0-12)	Young Adult/Teenager (13-17)	Adult (18-59)	Senior (60+)	
		ICT	Subscription [Visitor	Organisation	
SUBS / VISITOR:	Receipt:			Amount:		
Received By:		Date:	_ Captured by:	Do	ate:	