



Membership Application

OFFICE USE			
Barcode	Profile: Child/Juvenile (0-12) <input type="checkbox"/>	Young Adult/Teenager (13-17) <input type="checkbox"/>	Adult (18-59) <input type="checkbox"/>
	Senior (60+) <input type="checkbox"/>	ICT <input type="checkbox"/>	Paid <input type="checkbox"/>
	Visitor <input type="checkbox"/>	Organisation <input type="checkbox"/>	
SUBS / VISITOR:		Receipt: _____	Amount: _____
Received By: _____	Date: _____	Captured by: _____	Date: _____

LIBRARY:

Personal Information

Title: Surname:

Full Name(s):

ID No. Gender: M F Other

Passport-/ Permit Number Organisations: Name

Expiry Date (Passport / Permit holders / Organisations)

Home language: Afr: Eng: Xho: Other language:

Date of birth: Applicant under 18 years Y N

Applicant under 18 years of age:

Parent / Guardian's Name:

Parent / Guardian's ID No.

Educational Institution

Primary School High School Home School Tertiary Other

School Name Grade Student No.

Addresses

Address 1 – Home / Residential Address

Address

Town

Postal Code

Home Tel.

Cel. No.

Email:

Address 2 – Postal / Work / Other

Address

Town

Postal Code

Phone No.

Cel. No.

Email:

Referents

1st Contact

Name

Phone No.

Address

Town

Postal Code

2nd Contact

Name

Phone No.

Address

Town

Postal Code

Signature of Applicant / Parent / Guardian:

(If applicant is under 18 years) _____ Date: _____

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