

ST. CATHARINES PUBLIC LIBRARY
Membership Registration Form

When applying for a library membership, you must show 2 pieces of identification, one with your current address.

ANNUAL MEMBERSHIP FEE:

- CITY RESIDENTS, BUSINESS OWNERS AND TAX PAYERS - No charge
- NON-RESIDENTS - \$33.00

The following information is being collected for the purpose of maintaining control of circulating library materials and to assist the Library Board and staff in planning library services. All personal information is confidential. Only records of current transactions are kept on file; borrowing records are deleted after materials are returned and outstanding charges resolved.

PLEASE PRINT

Name _____
Surname *Given and Initial*

Address _____
Apt./Unit # *Street*

_____ *City* *Province* *Postal Code*

Telephone No. _____

Residency Number (see map below and enter number here) _____

Age Group (check one) 0-11 12-17 18-64 65 and over Birth date _____

Male Female MM/YY

Parental/Guardian Endorsement (if child 11 years old or under)

Name of parent/guardian _____
Surname *Given*

Address (if different than applicant's) _____
Apt./Unit # *Street*

_____ *City* *Province* *Postal Code*

_____ *Date* *Signature*

City of ST. CATHARINES

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

