



MEMBERSHIP APPLICATION FORM

Please Print

Full Name of Applicant:

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: _____

Please Circle One: Child Age 0-4 Elementary K-6 Grade 7-12 Adult Senior

Applicant's Date of Birth (dd/mm/yy): _____

May the Library contact you from time to time regarding its programs? Yes No

Parent/Guardian Name: _____ Signature: _____

Signature acknowledges responsibility for this card, its use, and agreement to follow the rules and regulations of the Brampton Library Board.

For Library Use Only: Home Branch _____ Barcode: 24567 _____



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