
Leagan Gaeilge ar an dtaobh eile

Leabharlann Chontae Liatroma

MEMBERSHIP APPLICATION FORM

Please take a few moments to complete this application form. The information collected will be used to provide a better service for our borrowers.

Name: _____

Present Address: _____

Permanent Address: _____

(If different from above) _____

If Student, Name of your School: _____

Home Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

Sex: Male Female

Age group: under 8 8-10 11-14 15-19 20-29

30-39 40-49 50-59 Over 60

Country of Origin: _____

Passport number/Driving Licence/Age Card number (temporary visitors only) _____

I agree to abide by the terms and conditions as set out in Leitrim County Library's User Policy. A copy of Leitrim County Library's User Policy is available on request and on the library website at <http://www.leitrimlibrary.ie>

Signed _____ **Date:** _____

I _____ **Parent/Guardian**

Give permission for _____ **Child's name**

to use library computers and access the Internet in the library.