



Gladstone Regional Libraries

P.O. BOX 29 Gladstone QLD 4680
39 Goondoon St., Gladstone 4680
Phone: 49766400 Fax: 49766466

SURNAME: _____ TITLE: _____

GIVEN NAME: _____

POSTAL ADDRESS: _____
(IF APPLICABLE)

PERMANENT ADDRESS _____
(IF DIFFERENT TO ABOVE)

DATE OF BIRTH _____ PHONE NUMBER _____

ARE YOU A LIBRARY MEMBER? _____ DO YOU HAVE A DOG? _____

I hereby apply for membership of the Gladstone City Library. I agree to abide by the Library's rules and to pay any fines, etc. with which I may be justly charged.

SIGNATURE: _____ DATE _____

REFERRAL

TO BE COMPLETED BY GENERAL PRACTITIONER
OR OTHER APPROVED AUTHORITY

NAME OF REFEREE: _____

OCCUPATION: _____

ADDRESS: _____

TELEPHONE _____

hereby declare that the person whose details appear above is unable to visit the Library, and requires the Home Library Service.

Signature: _____ **Date:** _____

The Home Library Service Coordinator will contact you to arrange an interview. A final decision on the eligibility of the person to become a Home Library Service recipient will be made by the Librarian based on all the circumstances involved.

The Gladstone Regional Council is collecting the personal information to process your Application to use the Home Library Services. The information will be only accessed by authorized council employees. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.