



Membership Application

Proof of ID and current proof of home address must be shown

Basic Information

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Preferred Name:	<input type="text"/>		Suffix:	<input type="text"/>	Snr / Jnr
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Parent / Guardian ID (applicant under 18 years)	<input type="text"/>

Passport -/ Permit Number

Organisations Long & Short: Name

Expiry Date (Permit holders / Passports / Organisations)

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Demographics

Home Language:	Afr.:	<input type="checkbox"/>	Eng.:	<input type="checkbox"/>	Xho:	<input type="checkbox"/>
Other Language:	Afr.:	<input type="checkbox"/>	Eng.:	<input type="checkbox"/>	Xho:	<input type="checkbox"/>

Education:	Primary School	<input type="checkbox"/>
	High School	<input type="checkbox"/>
	Home School	<input type="checkbox"/>
	Tertiary	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Employment Status	Students	<input type="checkbox"/>
	Employed	<input type="checkbox"/>
	Retired	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>
	Other	<input type="checkbox"/>

School:

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Addresses

Address 1 - Home Address

Address	<input type="text"/>
Postal Code	<input type="text"/>
Home Tel.:	<input type="text"/>
Cel. No.:	<input type="text"/>
Email	<input type="text"/>

Address 2 - Postal / Work / Other

Address	<input type="text"/>
Postal Code	<input type="text"/>
Home Tel.:	<input type="text"/>
Cel. No.:	<input type="text"/>
Email	<input type="text"/>

Contact 01	Relationship	<input type="text"/>
Name:	<input type="text"/>	
Phone No:	<input type="text"/>	
Address	<input type="text"/>	
Postal Code	<input type="text"/>	

Contact 2	Relationship	<input type="text"/>
Name:	<input type="text"/>	
Phone No:	<input type="text"/>	
Address	<input type="text"/>	
Postal Code	<input type="text"/>	

Child 01

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	ID No:	<input type="text"/>
				School:	<input type="text"/>

Child 02

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	ID No:	<input type="text"/>
				School:	<input type="text"/>

Child 03

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	ID No:	<input type="text"/>
				School:	<input type="text"/>

Signature of Applicant / Parent / Guardian:

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

Please note: By signing here, I agree to the rules and regulations of City of Cape Town ("CCT") libraries. Personal information will only be used as intended and consent will be requested if needed for 'other' use. For further information refer to the CCT PRIVACY POLICY = <https://www.capetown.gov.za/general/privacy>

OFFICE USE:

New Barcode: _____

Profile: Juvenile (0-12) Intermediate (13-17) Adult (18-59) Senior (60+)

SmartCape Subscription Visitor

3	10
---	----

 Org.

S	L
---	---

Received By: _____ Date: _____ Captured by: _____ Date: _____