



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

City of Cape Town Library and Information Services

Membership Application

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

Library card number			
CoCT Citizen	<input type="text"/>	Subsc	<input type="text"/>
	Adult Interm Child		Adult Interm Child
Visitor	<input type="text"/>	Organisation	<input type="text"/>
	Adult Interm Child		Adult Interm Child
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Title	<input type="text"/>
		Exp. Date	<input type="text"/>
Surname			ID / Passport
Full names			
e-Mail address			
Cell Number			Date of Birth
Home Address			Postal Address
Landline			Postal Code
Work Address			
Landline			Postal Code
For under 18 year olds, a Parent/Guardian must complete the following:			
Parent/Guardian			
ID number			School
Please tick the box if you are interested in receiving the monthly book.net list and the Bellville Library newsletter.			YES
			NO
Referent 1	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Initials	<input type="text"/>
Referent 2	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Initials	<input type="text"/>
Surname			Surname
Relationship			Relationship
Address			Address
	Postal Code		Postal Code
Tel.no.			Tel.no.
Card numbers of spouse and/or children	<input type="text"/>		

Signature _____ Date _____

Taken in by: _____ Keyed in by: _____
 (staff member) (staff member)
 BLOCK REASON