



MARKHAM PUBLIC LIBRARIES

MEMBERSHIP REGISTRATION FORM

Please note that the information contained in this form will be used solely for internal purposes and will be treated as confidential.

APPLICATION INFORMATION (Please print)

(Shaded Areas for Staff Use)

Form with fields: Surname, First Name, Address and Apartment Number, City/Town and Province, Postal Code

CLIENT INFORMATION:

Please indicate age by checking the appropriate box below.

Age selection boxes: Age 0 - 12 (J), Age 13 - 64 (A), Age 65+ (S)

If applicable, please check the appropriate box below.

Residence and identification checkboxes: I do not live, work, attend school, or own property in Markham, Aurora, Newmarket, Richmond Hill, Vaughan, Georgina, East Gwillimbury, King City, or Whitchurch-Stouffville. I have no valid identification indicating my current address. I am a visitor (staying temporarily) at the address indicated above. I am restricted to my home due to a medical or physical condition.

Shaded boxes for staff use: NRJ / NRA / NRS, IDJ / IDA / IDS, VJ / VA / VS, SI

HOME PHONE NUMBER:

Home phone number input fields: Area Code (3 boxes), Number (7 boxes)

CELL/PAGER NUMBER:

Cell/pager number input fields: Area Code (3 boxes), Number (7 boxes)

WORKPLACE (if employed) OR SCHOOL (if attending):

Workplace/School information form: Workplace/School Name, City/Town and Province, Postal Code

Workplace/ School Phone Number:

Workplace/School phone number input fields: Area Code (3 boxes), Number (7 boxes)

Please complete reverse side

CLIENT STATISTICAL INFORMATION: Please check the appropriate box below.

<input type="checkbox"/> Age 0 – 4	<input type="checkbox"/> FP/MP	<input type="checkbox"/> Age 13 – 17	<input type="checkbox"/> FY/MY	<input type="checkbox"/> Age 65+	<input type="checkbox"/> FS/MS
<input type="checkbox"/> Age 5 – 12	<input type="checkbox"/> FJ/MJ	<input type="checkbox"/> Age 18 – 64	<input type="checkbox"/> FA/MA		

RESIDENCY: Markham residents only: Please indicate below where you live:

<input type="checkbox"/> Ward 1	<input type="checkbox"/> 01	<input type="checkbox"/> Ward 4	<input type="checkbox"/> 04	<input type="checkbox"/> Ward 7	<input type="checkbox"/> 07
<input type="checkbox"/> Ward 2	<input type="checkbox"/> 02	<input type="checkbox"/> Ward 5	<input type="checkbox"/> 05	<input type="checkbox"/> Ward 8	<input type="checkbox"/> 08
<input type="checkbox"/> Ward 3	<input type="checkbox"/> 03	<input type="checkbox"/> Ward 6	<input type="checkbox"/> 06		

RESIDENCY: Non-residents of Markham only: Please indicate the municipality in which you live:

<input type="checkbox"/> Ajax	<input type="checkbox"/> AJ	<input type="checkbox"/> King City	<input type="checkbox"/> KC	<input type="checkbox"/> Toronto (City of)	<input type="checkbox"/> TO
<input type="checkbox"/> Aurora	<input type="checkbox"/> A	<input type="checkbox"/> Newmarket	<input type="checkbox"/> N	<input type="checkbox"/> Uxbridge	<input type="checkbox"/> UX
<input type="checkbox"/> Caledon	<input type="checkbox"/> CA	<input type="checkbox"/> North York	<input type="checkbox"/> NY	<input type="checkbox"/> Vaughan	<input type="checkbox"/> V
<input type="checkbox"/> East Gwillimbury	<input type="checkbox"/> EG	<input type="checkbox"/> Pickering West	<input type="checkbox"/> P	<input type="checkbox"/> Gwillimbury	<input type="checkbox"/> WG
<input type="checkbox"/> Etobicoke	<input type="checkbox"/> E	<input type="checkbox"/> Richmond Hill	<input type="checkbox"/> RH	<input type="checkbox"/> Whitchurch-Stouffville	<input type="checkbox"/> STO
<input type="checkbox"/> Georgina	<input type="checkbox"/> GE	<input type="checkbox"/> Scarborough	<input type="checkbox"/> SC	<input type="checkbox"/> Other Municipalities	<input type="checkbox"/> OT

NAME OF PARENT OR GUARDIAN (if applicant is 12 years of age or under):

Surname	First Name
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PARENT/GUARDIAN BUSINESS PHONE NUMBER:

Area Code	Number	Extension
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

MEMBERSHIP TERMS AND AGREEMENT

- The Applicant agrees to comply with the Rules and Regulations of the Markham Public Libraries which are summarized in the Services Guide, including charges for overdue materials at the rate set by the Markham Public Library Board.
- A charge will be imposed for lost library cards.
- Membership is free to all who live, work, attend school, or own property in Markham, Aurora, Newmarket, Richmond Hill, Vaughan, Georgina, East Gwillimbury, King City and Whitchurch-Stouffville.

Signature of Applicant Date

PARENT OR GUARDIAN AUTHORIZATION FOR A CHILD UNDER 12 YEARS OF AGE OR UNDER

- As parent or guardian of a child 12 years of age or under, I accept responsibility for my child’s selection, usage, and return of library materials, as well as for any overdue fines that may accumulate. (Parent’s ID with address is required to process application.)

Signature of Parent or Guardian Date