

New/Updated # Old #
06278 000 06278 000

REGISTRATION

Date: _____

No information on this form contravenes the Human Rights Code.

Name
Last: _____ First: _____ Middle Initial: _____

Phone #:
() _____

Street Address: _____

City/Province: _____ Postal Code: _____

Date of Birth:
Month: _____ Day: _____ Year: _____

Email Address: _____

Yes, I would like to receive email about library events. (Check box.)

- COMPLETE THIS SECTION IF YOU ARE IN GRADE 8 AND UNDER -

Name of Parent/ Guardian:
(Please Print) _____
School: _____

I accept responsibility for all materials borrowed with this card,
and will observe the rules of the library.

Signature of Registrant / Parent / Guardian
Relationship to registrant if not yourself: _____



May 2017

St. Thomas Public Library collects the personal information of library users under the authority of s.23(2) of the Public Libraries Act, R.S.O. 1990, chapter P.44 as amended, for the purposes of library user registration and the administration of circulation materials. Personal information collected for these purposes will only be used internally by St. Thomas Public Library.

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