## HHPL - JASI Membership

PLEASE PRINT Valid Identification and address is required for membership			
Last Name:	First Name:	Middle Initial:	Barcode: *
Street/PO Box:			Telephone:
City:	Province:		Postal Code:
E-mail Address:			
E-mail consent:			
I hereby give consent to receive ele	ectronic communications from Has	tings Highlands P	ublic Library
about Library business and Centre	programs. Upon written request t	o the library, I ma	ay withdraw
my consent to receive electronic m	nessages at any time. Hastings Hig	hlands Public Libr	ary is fully
compliant with Canadian Anti-Spar			
Signature:			Date:
I would like my child(ren) to have h	is/her/their own library card, unde	erstanding that a	ny
cards under my responsibility mus			
Last Name:	First Name:	Middle Initial:	Barcode:
Last Name:	First Name:	Middle Initial:	Barcode:
Last Name:	First Name:	Middle Initial:	Barcode:
Last Name:	First Name:	Middle Initial:	Barcode:
Alternate Address & Cell:		1	
Street/PO Box:			Cell:
City:	Province:		Postal Code:
Borrowing Consent: I agree to take full responsibility fo by the people listed on this member procedures. The information colleauthority of the Freedom of Information will be used in the proof this information should be direct	ership. I/we agree to abide by the cted by Hastings Highlands Public Leation and Privacy Act 1990 (MFIPF cess of the library's business. Que	Library's policies Library is done so PA/Regulation29)	and operatiing under the . The above
Signature:	ted to the Library CLO.		Date:
Jigilature.			
To be completed by staff:	Initials	1	
Identifications confirmed		New Number	
JASI completed		Old Number	
Library Card Mngr completed		Renewal Date	