

**PUBLIC LIBRARY SERVICE  
JAMESTOWN**

**JUNIOR MEMBERSHIP**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Parent/Guardian have you read and understood the Public Library Service Rules and Regulations.....

I am the PARENT/GUARDIAN of :.....

School attended by child: .....

Date of birth: ..... Age: .....

NAME OF PARENT/GUARDIAN

.....

(Mrs/Miss/Ms/Mr)

Home address:.....

Work address:.....

Home Tel No:..... Work Tel No.....

Mobile No: .....

Home or work email addresses.....

.....

On behalf of my son/daughter I agree to comply with the Public Library Rules and Regulations.

Signature:.....

Date:.....