



MEMBERSHIP APPLICATION FORM

Full name of applicant:

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: _____

Please circle one:

Child Age 0-4 Elementary K-6 Grade 7-13 Adult Senior

PIN #: _____ Applicant Date of Birth (dd/mm/yy): _____

May the Library contact you from time to time regarding its programs? Yes No

Signature: _____ Parent/Guardian (Please Print) _____

Signature acknowledges responsibility for this card, its use, and agreement to follow the rules and regulations of the Brampton Library Board.

For Library use only: Home Branch Barcode:24567



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