

## Randwick City Library Home Visit form for new members

### PERSONAL DETAILS

**Title/Given Name/Surname:**

**Date of Birth:**

**Address:**

**Telephone:**

**Mobile:**

**Email:**

### EMERGENCY CONTACT

**Name:**

**Relationship:**

**Telephone:**

**Mobile:**

**I, (insert name)  
the owner and/or occupant of  
(insert address)  
give permission for the Randwick City Library staff member/representative to enter  
the premises for the purpose of delivery library services. I also understand the  
membership conditions of the Randwick City Library and accept responsibility for  
any library items issued to me.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

### Library Staff Use Only

**Borrower Number:** 22035 00

**Delivery Frequency:**

**Run:**

**Date:** / /  
**Day:** AM/PM