

24 Hour Access Security Application

Applicant Details - at least two forms of ID are required

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Full Name: As it appears on ID					
Acceptable ID include: (please circle)	Drivers Licence / Passport / Medicare Card / ATM Card / Healthcare Card / Utilities Account / Student Card / Other				
Residential Address:					
Postal Address: If different to residential					
Date of Birth: Must be over 18 years					
Contact Number:	Home:		Mobile:		
Email:					
Emergency Contact:	Name:		Number:		
Library Membership No.					
Applicant Signature The applicant must be an applicant agrees to pay the return of the key tag. If the additional cost of \$30 is income.	e joining fee of \$30 tag is lost or stolen	to activate the key tag n, the applicant agrees	g access. Th	e joining fee is refundable	le upor
Name (please print)					
Signature					
Date					
Privacy: Any personal information purposes. The information has bee application. The information will be Victoria St, Warragul VIC 3820.	en provided voluntarily. If y	you do not provide it, Myli – I	My Community I	Library Ltd will not be able to acc	cept your
Office use only					
Key Tag Serial Number:					
Terms & Conditions - signed and returned by applicant?	☐ Yes ☐ No	Induction completed tapplicant?	Dy	☐ Yes ☐ No	
\$30 joining fee received?	☐ Yes ☐ No	24/7 Application home branch:			
Staff Member:					