

Chestermere Public Library Card Application

Download this form and fill in all relevant sections. When finished, send a copy to info@chestermererepubliclibrary.com.

Last Name: _____ First Name: _____ Initial: _____

Address: _____ City: Chestermere or _____

Postal Code _____ Phone Number: _____ Cell: _____

Email: _____

How would you like to be notified of holds and overdues? Phone Email Text - Carrier _____

Would you like your borrowing history saved? Yes No

Would you like to subscribe to our monthly e-newsletter? Yes No

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Languages read (other than English) _____

Library Card Number: 2 0400 3300 _____

Other Family Members:

1) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

2) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

3) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

I agree to be responsible for all items borrowed on all cards issued on this application and agree to the rules and regulations of the library where they are used. Welcome to the Library!

Signature

Date

Once complete, send your application form to info@chestermererepubliclibrary.com.

Other Family Members:

4) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

5) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

6) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

7) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Birth Year _____ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

8) Last Name: Same as above or _____ First Name: _____ Initial: _____

Age Category: 0-5 6-12 13-17 18-64 65+ Male Female

Email: Same as above or _____

Library Card Number: 2 0400 3300 _____

The personal information contained on this application is used to provide you with library services at participating member libraries of TRAC, ME libraries and The Alberta Library. It may be shared with these libraries to verify membership, collect fines or debts owing, provide information about library services, and for statistical purposes. It is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosures or use of this information, please ask the staff.