

**PUBLIC LIBRARY SERVICE  
JAMESTOWN**

**JUNIOR MEMBERSHIP**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Parent/Guardian please read the Public Library Service Terms and Conditions before completing this form.

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 Terms and Conditions.

Signature:.....

Date:.....