Membership Form

Bunbury Library Anime Club



Complete the form below and return to staff at Bunbury Public Library or email to bunlib@bunbury.wa.gov.au

MEMBER	- I AILS (IIIIS SECTION TER		ilber Offiy)	
Full Name:			DOB:	Current Age:
Address:				
Home phone:		Mobile:		
Email:				
School:				
	TERESTS (tell us abour hobbies do you currently	t yourself)		
What skills or be gain from becom	nefits do would you like to ing a member?			
Who are your far Characters?	vourite Anime			
Is there anything know about you?	else you would like us			
What anime activ	vities are you interested in?			
MEMBER AC	GREEMENT (tick to con	firm your unde	erstanding of the	below)
	es to work towards positiv			group meetings and other s, programs and
□ I unders page 3	stand and agree to adhere	e to the Bunbu	ry Library Anime	Club code of conduct on
☐ I have a	attached the completed pa	arent/guardian	authorisation for	m on page 2.
Member Signatu	re:		Date	e:

The page is required to be completed by a parent or guardian for members under 18 years of age.

PARE	NT / GUARDIAN DETAILS	
Name:		Relationship:
Email:		i
Home P	Phone:	Mobile:
11011101		
EMER	GENCY & MEDICAL INFORMATION)N
Name:		Relationship:
Home P	Phone:	Mobile:
	conditions	
	ies of member: ent required:	
	doctor/practice:	Phone:
	, r	. 110110.
AUTH	ORISATION BY PARENT / GUAR	DIAN (required for members under 18yrs)
	Guardian Name:	
	I authorise my child's membership and p	articipation in Bunbury Library Anime Club.
	I authorise my child to make their way to without adult or staff supervision.	and from meetings, events and activities
	I agree to drop/collect my child where the and from member meetings, events and	e child requires adult supervision in getting to activities.
	I understand staff take no responsibility f meetings and/or activities.	or members getting to and from member
	I understand images/video may be captu Library Anime Club and authorise City of child for promotional purposes.	red of my child's participation in Bunbury Bunbury in using these images/video of my
	I authorise my child to watch anime relat supervision.	ed movies rated MA15+ under staff
		or behaviour or breech the code of conduct, I child, and their membership may be terminated.
	I have completed and attached the librar my child to loan items from the library as	y membership form (and parent ID) to enable part of Anime Club, as required.
Parent /	Guardian Signature	Date:

Bunbury Library Anime Club

Vision | Mission | Values | Code of Conduct



Vision Statement

Why do we do what we do

The Bunbury Library Anime Club aims to create social connections in youth through a shared interest in Anime.

> Mission Statement

How we progress towards our vision

By creating a welcoming and inclusive environment in which we work together to participate in anime projects and activities.

Code of Conduct & Values

The behaviours we stand by

- **Impact** we actively participate and engage with members in group projects and activities which lead to positive outcomes for members.
- **Safety** we take personal responsibility for the resources provided as well as the physical and emotional well-being of ourselves and those around us.
- Respect we embrace diversity, value the contributions and opinions of others, are inclusive of all and are mindful of our impact on others.
- **Integrity** we are honest, keep our commitments and take ownership in our actions and responsibilities.
- **Teamwork** we work together to inspire and motivate each other, whilst communicating honestly and openly.

Library Membership Application Form



Surname	First Name	Middle name	Title	Gender	Date of Birth	NIA	Barcode Staff use only
Eg. Shakespeare	William	John	M	Σ	26/04/1564	2BNOT2B	CL204B 1 2 3 4 5 6 7 D
							CL204B D
							CL204B D
							CL204B D
							CL204B D
Please print clearly			Parent/G	uardian (if A	Parent/Guardian (if Applicant is under 18 years old):	18 years old	ä
Postal Address:			Surname:				
	Postcode:		First Name:	e:			
			Note: If th	ne applican	is under 18, a par	ent or guar	Note: If the applicant is under 18, a parent or guardian must provide proof of current
Residential Address (If different from postal):			residentio	ıl address, e	residential address, e.g. Driver's Licence	, Q	
	Postcode:				l agree to th	ne City of Bu	I agree to the City of Bunbury Libraries terms & conditions
Phone:							
Mobile:				•			
Email:							
						Staff Use Only	nly
Sign up for our monthly email newsletter to discover information on upcoming library events & promotions?	rer information on upcoming					Staff Name:	
					,	Date:	
Library Newsletter	No thanks						

You will automatically be subscribed to the newsletter unless you tick "No"

Please bring your library card with you whenever you visit our libraries in order to access of library and computer services

LIB-004785