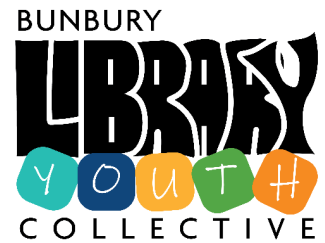


# Membership Form

## Bunbury Library Youth Collective



Complete the form below and return to staff at Bunbury Public Library or email to [bunlib@bunbury.wa.gov.au](mailto:bunlib@bunbury.wa.gov.au)

<b>MEMBER DETAILS</b> <i>(this section relates to the member only)</i>			
Full Name:		DOB:	Current Age:
Address:			
Home phone:		Mobile:	
Email:			
School:			

<b>MEMBER INTERESTS</b> <i>(tell us about yourself)</i>	
What interests or hobbies do you currently have?	
What skills or benefits do you would like to gain from becoming a member?	
Are you interested in in member work experience opportunities?	
Is there anything else you would like us know about you?	
What are you currently passionate about?	

<b>MEMBER AGREEMENT</b> <i>(tick to confirm your understanding of the below)</i>	
<input type="checkbox"/> I understand membership requires me to actively participate in group meetings and other activities to work towards positive outcomes in youth led, events, programs and initiatives.	
<input type="checkbox"/> I understand and agree to adhere to the Bunbury Library Youth Collective' code of conduct on page 3.	
<input type="checkbox"/> I have attached the completed parent/guardian authorisation form on page 2.	
Member Signature: .....	Date: .....

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

PARENT / GUARDIAN DETAILS			
Name:		Relationship:	
Email:			
Home Phone:		Mobile:	

EMERGENCY & MEDICAL INFORMATION			
Name:		Relationship:	
Home Phone:		Mobile:	
Medical conditions or allergies of member:			
Treatment required:			
Treating doctor/practice:		Phone:	

AUTHORISATION BY PARENT / GUARDIAN <i>(required for members under 18yrs)</i>	
Parent/Guardian Name:	
<ul style="list-style-type: none"> <li><input type="checkbox"/> I authorise my child's membership and participation in Bunbury Library Youth Collective.</li> <li><input type="checkbox"/> I authorise my child to make their way to and from meetings, events and activities without adult or staff supervision.</li> <li><input type="checkbox"/> I agree to drop/collect my child where the child requires adult supervision in getting to and from member meetings, events and activities.</li> <li><input type="checkbox"/> I understand staff take no responsibility for members getting to and from member meetings and/or activities.</li> <li><input type="checkbox"/> I understand images/video may be captured of my child's participation in Bunbury Library Youth Collective and authorise City of Bunbury in using these images/video of my child for promotional purposes.</li> <li><input type="checkbox"/> I understand, should my child display poor behaviour or breach the code of conduct, I may be contacted by staff to collect my child.</li> <li><input type="checkbox"/> I have attached the library membership application form for my child to register a junior membership at Bunbury Public Libraries.</li> </ul>	
Parent / Guardian Signature .....	Date: .....

## ➤ Vision Statement

*Why do we do what we do*

Bunbury Library Youth Collective inspires young people to build strong connections discovering their full potential as responsible citizens and leaders.

## ➤ Mission Statement

*How we progress towards our vision*

By working together in developing youth-based initiatives in partnership with the library community in a way which is inclusive for all whilst providing a voice for today's youth.

## ➤ Code of Conduct & Values

*The behaviours we stand by*

- **Impact** – we think creatively and pursue innovative ideas which lead to positive outcomes for youth in the library space.
- **Safety** - We take personal responsibility for the physical and emotional well-being of ourselves and those around us.
- **Respect** – We embrace diversity, value the contributions and opinions of others and are inclusive for all.
- **Integrity** – we are honest, keep our commitments and take ownership in our actions.
- **Teamwork** – we work together, inspire each other, communicate openly, and celebrate our successes.

# Library Membership Application Form

Surname	First Name	Middle name	Title	Gender	Date of Birth	PIN	Barcode Staff use only
Eg. Shakespeare	William	John	MR	M	26/04/1564	2BNOT2B	CL204B 1 2 3 4 5 6 7 D
							CL204B D
							CL204B D
							CL204B D
							CL204B D
							CL204B D

**Please print clearly**

Postal Address:	
	Postcode:

Residential Address (If different from postal):	
	Postcode:

Phone:	
Mobile:	
Email:	

**Sign up for our monthly email newsletter to discover information on upcoming library events & promotions?**

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*

**Parent/Guardian (if Applicant is under 18 years old):**

Surname:	
First Name:	

**Note: If the applicant is under 18, a parent or guardian must provide proof of current residential address, e.g. Driver's Licence**

I agree to the City of Bunbury Libraries terms & conditions

Staff Use Only
Staff Name:
Date: