

Date Joined:
Paid with:



Membership#

GALLANOUGH LIBRARY MEMBERSHIP FORM

WELCOME!

Primary Account First & Last Name: _____

Address: _____

Phone (home/cell/business): _____

E-mail: _____

By providing your email address, you consent to receiving emails from us. You may withdraw your consent

Please write down the first and last names of the added members below (same household only).
If the member is under 18, please indicate their age.

First/Last Name & Age (e.g. Sam Smith, 8)	

Membership renews annually. An email will be sent for reminder.

Could you let us know where you heard about us? _____

Primary Account Member Signature: _____

Photo Permission (this is a general consent, Gallanough will ask ahead of time before any images are taken)

I/we consent to my/our child/children to be photographed, being aware that the images may be used for promotional purposes. I/we release the Gallanough Resource Centre from claims and liability relating to such images.

Primary Account Member Signature: _____