



Card Number
Staff use only



MEMBERSHIP FORM
Wexford County Library Service
Comhairle Chontae Loch Garman

I apply for membership and agree to abide by the rules and regulations.
Use your library card in any public library in County Wexford.

Name

(Block Letters,
Surname first)

Male

Female

Date of Birth

Address



Email Address



Signature

Date



Guarantor (if under 18)



Should the applicant fail to do so, I promise to pay
for any items lost or damaged by him / her.

Name

(Block Letters,
Surname first)

Address:



Email Address

**Guarantor's
Signature**

I.D. Provided

Yes

No

Date