



**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**