



DIOCESE OF BROKEN BAY

Bishop David L. Walker Library
Broken Bay Diocese
PO Box 340
Pennant Hills, NSW, 1715

Phone: 02 9847 0564

Fax: 02 9847 0031

Email: library@bbi.catholic.edu.au

Web: www.bbi.catholic.edu.au

Membership Application Form

Contact Information

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home/Mobile Ph: _____ Work: _____

Email address: _____

Borrower type: (Please select most appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> BBI Student/Tutor | <input type="checkbox"/> Broken Bay Diocese Catechists |
| <input type="checkbox"/> Clergy/Priests and Deacons | <input type="checkbox"/> General Public (\$30 annual fee) |
| <input type="checkbox"/> Curia/Centacare/CSO/Schools | <input type="checkbox"/> Other Catholic Diocese (\$30 annual fee) |
| <input type="checkbox"/> Broken Bay Diocese Parishioner | <input type="checkbox"/> High school student—Catholic schools.
<i>(must be signed by parent/guardian)</i> |

Answer if applicable

1. Your student number _____

2. Name of parish and priest in charge / parish priest _____

3. Name of immediate supervisor OR name of school and principal _____

Important—Please read 'library regulations and patron responsibilities' over page

Declaration (adult member)

I certify that the information given is correct. The library conditions of use have been explained to me, and I have been given a copy of them. I accept responsibility for any items issued as a result of my membership.

Signature of Applicant _____ Date: ___/___/___

Declaration (membership of minors under 18)

I hereby approve my child's application. I undertake to ensure my child complies with the library conditions and complies with reasonable directions of the library staff. I assume responsibility for my child's selection of resources including those on the internet.

Signature of Applicant _____ Date: ___/___/___

Barcode No: _____ *(Library use only)*