



New member?	<input type="checkbox"/>
Aged 16 or 17	<input type="checkbox"/>

**Castlepollard Library – My Open Library Application Form**

Please complete the application form below & confirm you have read the terms & conditions overleaf. To be signed in the presence of a staff member.

<b>*Name:</b>	
<b>*Library Card Number:</b>	
<b>*Email Address:</b>	
<b>Please Note: Parent/Guardian to fill out for members aged 16 or 17</b>	
<b>*Parent/Guardian Name:</b>	
<b>*Parent/Guardian Phone number:</b>	
<b>*Parent/Guardian Email Address:</b>	

*\*Must be completed*

By signing this form, you are stating that you have clearly understood the terms and conditions of the *My Open Library* Membership User Policy.

I (We), the undersigned, agree to the terms and conditions set out:

Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Signature: (to be signed in the presence of library staff)**

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| Over 16 <input type="checkbox"/>      | Library card <input type="checkbox"/>        | Update Account <input type="checkbox"/>         | Internet approved <input type="checkbox"/> |
| PIN <input type="checkbox"/>          | Link Parent Account <input type="checkbox"/> | Exits <input type="checkbox"/>                  | Toilets <input type="checkbox"/>           |
| Self Service <input type="checkbox"/> | Induction Procedure <input type="checkbox"/> | MOL Terms & Conditions <input type="checkbox"/> |  |