Longford Local Authorities

# Longford County Library Membership Form

Barcode Number Office Use

Family Name (print): ..... First Name: .....

Address: .....

..... Telephone: .....

County: ..... Email: .....

*Nationality (optional): .....

*Age Group (optional) ✔ ☐ 0-15 ☐ 15-24 ☐ 25-44 ☐ 45-64 ☐ 65+

**(Children and Students only)**

School/College: ..... Date of Birth: .....

*I am happy to allow my child use the Internet and I understand Longford County Library Services Internet Policy.*

Parent/Guardian: Signature: ..... Date: .....

**I agree to abide by rules and regulations of Longford County Library**

**Signature:** ..... **Date:** .....

* This information is to assist us to provide a better service to all our customers

**• Proof of Identity Required •**