**Falher Library / Bibliothèque Dentinger**

MEMBERSHIP #

Card #

Replacement Card # (to transfer reading history is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cardholder Application / Renewal Form**

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| --- |
| **Primary Cardholder Legal Name** (printed in full – Last Name, First Name – **must be at least 18**) |
| **Where do you live?** (census residence)  Town of Falher Village of Donnelly Other Municipality  MD of Smoky River Village of Girouxville \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **What is your current physical address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is your current mailing address**, including postal code? |
| **How we should contact the primary cardholder:**  Home phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #2 \_\_\_\_\_\_\_\_\_\_\_\_ Cell phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell service provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How you want to receive library notifications: (circle one) –** Mail, toHome Phone, Email or Text to Cell |
| **Do you want to keep a history of what you’ve read?** Yes No |
| Library Members age 18+ are also members of The Friends of  the Falher Library Society, and will also receive information on Agree Decline  library fundraisers. (Casino, Bake Sale, Book Sales, etc.) |
| **CARD TYPE:**  **Community Profiles For non-profit groups serving Falher, Donnelly and area.**  (No fee, no borrowing privileges, for info / promotion only). |
| **Local Library Card Resident of Falher, Donnelly, Girouxville, M.D. of Smoky River – FREE**  **Access to Local Collection Only - no e-Resource or online access**  **Resident of other PLS-eligible or member municipality - Annual Fee**  <http://www.peacelibrarysystem.ab.ca/membermunicipalities>  **Non-PLS resident that cannot use ME Library service to access Alberta Library Services** (Annual Fee + $100 refundable deposit required) |
| **TRAC/TAL Card Unrestricted Access**  Cardholders must reside in a PLS-member municipality to be eligible.  **Student – Under Age 18 (Restricted Access)**  Student cards are available only through partnerships with local schools, subject to annual approval by the Board. Use appropriate school forms. |
| **CARD WILL BE USED BY: (For Local Library and TRAC/TAL Cards only)**  Annual Fees (where applicable) **Adult $15.00 / Senior $10.00 / Family $25.00**  **One Individual** Adult – 18+ Senior – 65+  **A Family**  **Definition:** Adults and dependents under 18 living in the same household. |
| **For Proof of Identify:**  *TRAC Operational Guidelines* require staff to request government ID, so we get the legal name (including middle name, if possible) in the patron record, to avoid confusing similarly named patrons’ records. A health care card, a status card, a driver’s license, ID issued in lieu of a driver’s license, etc. are all acceptable.  Cardholder Application and FOIP Disclosure and Information Sharing Authorization  The information on this form is collected under the authority of the Libraries Act and the Freedom of Information and Protection of Privacy Act. The information provided will be used to issue a library card, contact you about requested or borrowed library resources, calculate administrative statistics and provide information on library programs.  The patron cardholder application / renewal form also indicates whether the cardholder consents to be a member of the Friends. (The cardholder must be an adult, with a membership in good standing to be eligible.) Cardholders can rescind this at any time by notifying the Library.  Signed authorization must be received at the time of application, and at the time of each annual renewal, confirming that their cardholder contact information is current, and their approval for sharing of their personal data as required, as outlined by Library and TRAC / TAL policies.  If you have any questions about the collection and use of the information, please contact the Library Manager at 780-837-2776.  **Primary Cardholder**   * **I agree to be responsible for all materials borrowed on this card and to abide by the rules and regulations of the library where I use the card, including circulation, returns and replacement of lost or damaged items.** * **This card is not transferable.** * **Privileges extended with this card may be revoked for cause.** * **Loss of this card or change of address must be reported.**   **Parent / Guardian Authorization for Family Cards**   * **I understand that my child(ren) can take out resources from circulation and accept that I am responsible for monitoring my child(ren)’s reading choices.**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***Cardholder Signature*** | ***Date*** | ***Annual Fee*** | ***Paid by Cash or Cheque*** | ***Staff Initials*** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |