

# Library Card Application MELUN Public Library Network

Almont  Astrolabe

Card:  "Astropasse"  Borrowing Card

I APPLY:  1<sup>st</sup> registration /  reregistration

Mr  Mrs

SURNAME: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

I subscribe to your monthly Newsletter :  yes  no

Current professional status:

(10) <input type="checkbox"/> Farmer	(40) <input type="checkbox"/> Executive	(70) <input type="checkbox"/> Retired person
(20) <input type="checkbox"/> Craftsman/Company manager	(50) <input type="checkbox"/> Employee	(81) <input type="checkbox"/> Job seeker
(30) <input type="checkbox"/> Senior executive	(53) <input type="checkbox"/> Policeman/Service man	(84) <input type="checkbox"/> Pupil or Student
(34) <input type="checkbox"/> Teacher	(60) <input type="checkbox"/> Worker	(85) <input type="checkbox"/> Unemployed person
(86) <input type="checkbox"/> Other:		

I REGISTER MY CHILD/CHILDREN:  1<sup>st</sup> registration /  reregistration

**FOR CHILDREN UNDER 18, A PARENTAL PERMISSION IS REQUIRED**

(M/F) Surname: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(M/F) Surname: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(M/F) Surname: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(M/F) Surname: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(M/F) Surname: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I acknowledge that I have understood the policies of Melun Public Library Network, which are available at the front desk of each library. I was informed and I agreed that I have to replace or to repay if required, damaged or lost documents according to the 14<sup>th</sup> article of the library policies.

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

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

**For office use only:**

<p>Collected payment</p> <p>_____ €</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card</p>	<p>Presented proof(s)</p> <p><input type="checkbox"/> identity <input type="checkbox"/> receipt <input type="checkbox"/> proof for a free or reduced rate</p>	<p>Required card</p> <p><input type="checkbox"/> "Astropasse" Card <input type="checkbox"/> Borrowing Card</p> <p>First name and surname of the officer:</p>
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