



**Communities Together for Children  
EarlyON Child and Family Centre**



COMMUNITIES TOGETHER  
FOR CHILDREN

**LIBRARY SERVICES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME # \_\_\_\_\_ BUSINESS # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Child Membership** Family Name: \_\_\_\_\_

**Terms and Conditions of Membership**

Library memberships are renewed annually. All charges must be cleared at that time. Information obtained on this form will be used for library administrative purposes only and is confidential according to the Freedom of Information and Privacy Act.

- I Agree:**
- To follow the policies and procedures of CTC/OEYC Library Services;
  - To inform the library if I change my address or if my card is lost or stolen;
  - To be responsible for all materials borrowed on my/my minor's library card;
  - Ensuring the *cleanliness* and *age appropriateness* of resource materials; and
  - To replace any lost or damaged materials at present cost.

***CTC/OEYC is not responsible for any illness or injury to a child or adult as a result of the utilization of resource materials.***

I certify that the information I supplied on this form is correct.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's I.D.# and Type \_\_\_\_\_



**COMMUNITIES TOGETHER  
FOR CHILDREN/EARLYON**

**LIBRARY SERVICES**

425 N. Edward St. (Northwood Park Plaza)  
Phone 624-2378 Fax 622-3980

[www.ctctbay.org](http://www.ctctbay.org)



**MEMBERSHIP CARD**