



City of Cape Town Library and Information Services

Membership Application

Proof of ID and current proof of home address must be shown

Basic Information

Title:		First Name:		Surname:	
Preferred Name:		Suffix:		Snr / Jnr	
ID No.					
Male	☐	Female	☐	I prefer not to choose from the classifications provided ☐	
☐ Parent / Guardian ID (applicant under 18 years)					

Passport -/ Permit Number

Organisations Long & Short: Name

Expiry Date (Permit holders / Passports / Organisations)

d	d	m	m	y	y	y	v
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Demographics

Home Language:	Afr.:	☐	Eng.:	☐	Xho:	☐
Other Language:	Afr.:	☐	Eng.:	☐	Xho:	☐
Employment Status	Students	☐	Employed	☐	Retired	☐
	Unemployed	☐	Other	☐		

Education:	Primary School	☐
	High School	☐
	Home School	☐
	Tertiary	☐
	Other	☐

School:

Date of birth

d	d	m	m	y	y	y	y
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Addresses

Address 1 - Home Address

Address	
Postal Code	
Home Tel.:	
Cel. No.:	
Email	

Address 2 - Postal / Work / Other

Address	
Postal Code	
Home Tel.:	
Cel. No.:	
Email	

Relationship	
Name:	
Phone No:	
Address	
Postal Code	

Relationship	
Name:	
Phone No:	
Address	
Postal Code	

Child 01

Title:		First Name:		Surname:	
Male	☐	Female	☐	ID No:	
				School:	

Child 02

Title:		First Name:		Surname:	
Male	☐	Female	☐	ID No:	
				School:	

Child 03

Title:		First Name:		Surname:	
Male	☐	Female	☐	ID No:	
				School:	

Signature of Applicant / Parent / Guardian:

(If applicant is under 18 years) _____ Date: _____

Please note: By signing here, I agree to the rules and regulations of City of Cape Town ("CCT") libraries. Personal information will only be used as intended and consent will be requested if needed for 'other' use. For further information refer to the CCT PRIVACY POLICY = <https://www.capetown.gov.za/general/privacy>

OFFICE USE:

New Barcode:

Profile: Juvenile ☐ Intermediate ☐ Adult ☐ Senior ☐
(0-12) (13-17) (18-59) (60+)

SmartCape ☐ Subscription ☐ Visitor

3	10
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 Org.

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Received By: _____ Date: _____ Captured by: _____ Date: _____