

Change of book club co-ordinator

Name of Book Club: _____

Old Library card number: _____

Name of Resigning Co-ordinator: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Name of receiving staff member: _____ Date: _____

Card received: YES NO

Name of New Co-ordinator: _____

New library card number: _____

Address: _____

Telephone: _____

Email: _____

The responsibilities have been explained and accepted: YES NO

Signature: _____

Date: _____

PRIVACY NOTICE: Council is collecting the health and personal information on this form to determine your eligibility for outstanding library fees to be waived. It will only be used or shared for other purposes with your consent or as authorised by law. However, contact details will be used to maintain library records. For further information, see Council's Privacy Policy: visit www.frankston.vic.gov.au.