APPLICATION FOR LIBRARY CARD
Library membership is free to residents of Winnipeg.

LAST NAME: _______________________________ FIRST NAME: _______________________________ MIDDLE INITIAL(S): ______

BIRTH DATE: ________ / ________ / ________ PHONE NUMBER: ________ - ________ - ________

month day year

IF UNDER 18: Names of Parent / Guardian: (only names listed will have access to this account)

Name: _______________________________ Name: _______________________________

last name first name last name first name

MAILING ADDRESS: ________________________________________________________

apartment, street, or PO box city postal code

Home Address: ___________________________________________________________
(if different than mailing address)

EMAIL ADDRESS: _______________________________________________________

Send checkout receipts by: (choose one) □ No Receipt □ Email □ Print Receipt

Send overdue and hold notices by: (choose one) □ Email □ Phone

Would you like to be added to our News & Events email list? □ Yes □ No

Parents/Guardians - choose child’s level of internet access when using the library’s computers:

□ FULL access □ FILTERED access □ NO access

See reverse to request print disability service and/or movie fee exemption.

APPLICANT SIGNATURE: ________________________________________________
(if applicant under 18, parent/guardian to sign)

The applicant, or parent/legal guardian if applicant is under age 18, agrees to be responsible for all materials borrowed and to abide by the rules and regulations of the Winnipeg Public Library. The information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act. This information may be released to a 3rd party in order to collect unpaid fines and fees.

FOR NON-RESIDENTS OF WINNIPEG

A 12-month household library membership can be purchased for non-residents.

Are you an employee of the City of Winnipeg? □ No □ Yes Employee ID # __________________________

Has a member of your household already paid for a Winnipeg Public Library membership? □ No □ Yes

Does a member of your household own property or pay business tax to the City of Winnipeg? □ No □ Yes

ADDRESS OR BUSINESS: _______________________________________________________

Tax roll number: ____________________________________________

STAFF USE ONLY: date ____________ borrower # ____________________________ staff initials ____________

verified by ____________________________ News & Events email added □ Yes □ n/a

This form is available in alternate formats on request. Aussi disponible en français.
REQUEST FOR MOVIE FEE EXEMPTION

Exemption from DVD and Blu-Ray wear & tear fees is available for individuals and family households with low income. Cardholder is responsible for all other charges. **Valid for 1 year.**

You must be a City of Winnipeg resident and one of the following must apply:

- Social assistance case number
- Refugee assistance case number
- Family income below the low income cut-off (LICO), as below:

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Household Income</th>
<th>People in Household</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,338</td>
<td>5</td>
<td>$53,402</td>
</tr>
<tr>
<td>2</td>
<td>$31,544</td>
<td>6</td>
<td>$60,228</td>
</tr>
<tr>
<td>3</td>
<td>$38,780</td>
<td>7</td>
<td>$67,055</td>
</tr>
<tr>
<td>4</td>
<td>$47,084</td>
<td>More than 7</td>
<td>Add $6,827 for each additional person</td>
</tr>
</tbody>
</table>

The library reserves the right to request proof of income.

APPLICANT SIGNATURE: __________________________ (if applicant under 18, parent/guardian to sign) ________________ Date ________________

REQUEST FOR PRINT DISABILITY SERVICE

Print Disability service allows you to borrow DAISY books and access special online resources.

To be eligible you must be unable to read conventional print due to a learning, physical or visual disability, in accordance with the Canadian Copyright Act.

- Learning disability: An impairment relating to comprehension
- Physical Disability: The inability to hold or manipulate a book
- Visual Disability: The severe or total impairment of sight or the inability to focus or move one’s eyes

A print disability does not include reading difficulties from low literacy levels.

Customers with print disabilities may add a second person to their membership to access library services and manage their account on their behalf.

Add designate?   ☐ No   ☐ Yes (full name of designate): __________________________ last name ________________ first name ________________

The library reserves the right to request proof of disability, which may include a CNIB number or a signed letter from a health care professional, social worker or other competent authority.

APPLICANT SIGNATURE: __________________________ (if applicant under 18, parent/guardian to sign) ________________ Date ________________