



# The Canada Comics Open Library Membership Form

CCOL uses this information to keep members updated on events, programs, and volunteer opportunities. This form also allows us to improve on making the library a diverse and accessible community welcome to all. We take your privacy seriously, and will not share your information with third parties. This form will not affect your usage of the library.

**Name\*:**

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First	Middle	Last
<b>Date of Birth:</b>	<b>Email:</b>	<b>Phone Number:</b>
DD-MM-YYYY		

**Would you like to receive communication from us via email?**

- Yes  No

**Do you enjoy reading comic books?**

- Yes  
 No  
 Used to but not anymore  
 Other

*If other, please specify below:*

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**Would you be interested in volunteering at the Canada Comics Open Library?**

- Yes  No

**If so, which role would you be interested in?**

*Please check all that apply:*

- |   |  |
|---|--|
| <input type="checkbox"/> Circulation                            | <input type="checkbox"/> Project management/consultant           |
| <input type="checkbox"/> Donation; receiving; pickup            | <input type="checkbox"/> Social media                            |
| <input type="checkbox"/> Cataloguing and organizing collections | <input type="checkbox"/> Librarians                              |
| <input type="checkbox"/> Public outreach                        | <input type="checkbox"/> Editing (copy editing, proposals, etc.) |
| <input type="checkbox"/> Website volunteers                     | <input type="checkbox"/> Guest presenter/workshop teacher        |



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## Member Agreement

By signing this form, I agree\*:

- To be responsible for all library materials used with my card.
- To report the loss, theft, or abuse of my card immediately.
- To report changes in my account information.
- To treat every staff, member, and volunteer with respect, and to not harass, bully, or discriminate based on gender, race, sexuality, religion, class, or ability.
- That all information provided in this application form is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD-MM-YYYY)

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## For Parents/Guardians of Minors

**Disclaimer:** Please note that some of the titles outside the Young Adult Section contain graphic images and content that some may feel would not be suitable for readers under the age of 13. As a library, we cannot take responsibility for items made equally accessible to the public. Member discretion is advised.

As a parent or legal guardian of this member under 13, I agree:

- To be responsible for my child/ward's selection and use of library materials.
- To report the loss, theft, or abuse of my child/ward's card immediately.
- To report changes in my child/ward's account information.
- To ensure my child/ward treats every staff, member, and volunteer with respect, and to ensure they do not harass, bully, or discriminate on the basis of gender, race, sexuality, religion, class, or ability.
- That all information provided in my child/ward's application form is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD-MM-YYYY)

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## For Office Use Only

### Membership

- |   |   |
|---|---|
| <input type="checkbox"/> Paid           | <input type="checkbox"/> Pool             |
| <input type="checkbox"/> Pay it Forward | <input type="checkbox"/> Pay What You Can |

**Assigned Member ID:** \_\_\_\_\_