

# Clutha District Libraries Adult Membership application form



I understand and accept the conditions of membership included in this form. By signing the membership form, I give permission for the following details to be recorded on the library database and become a member of the Clutha District Libraries. I agree that the following information is correct. I have read the Statement of Purpose of Principle 3 of the Privacy Act 1993. **Note: Proof of identity must be supplied. Please contact library staff to confirm what is an acceptable form of ID.**

## 1. Personal details

Family name:

First name (s):

Residential address:  
(include post code)

Postal address (if different from above):  
(include post code)

Email address:

Home telephone no:  Fax:

Date of Birth:  Sex:

## 2. Second contact: This section must be filled in *Please note this person will only be used as a contact when necessary – they are not a guarantor*

Name of an adult at a different address:

Their address:  
(include post code)

Their telephone no:

## 3. Please read and sign the following conditions

Conditions of Membership		Statement for the Purpose of Principle 3 of the Privacy Act 1993	
<ul style="list-style-type: none"> <li>I am responsible for all items borrowed on this library card, even if they are lost or stolen</li> <li>I will notify the Clutha District Libraries immediately if the card is lost or stolen</li> <li>I will return all items in good condition and on time.</li> <li>I will agree to pay for damaged or lost items and to pay charges for overdue items.</li> <li>I will notify the Clutha District Libraries of any change of postal/residential address, phone number or email address.</li> <li>My personal information on this form may be used by Clutha District Libraries for ongoing development of its library service.</li> </ul>		<ul style="list-style-type: none"> <li>The information about you is being collected by the Clutha District Libraries [a unit of Clutha District Council]. This information is not required by law. However, it is necessary if you wish to become a member of the library</li> <li>The information will be held by Clutha District Libraries, 23 John Street, Balclutha</li> <li>You have the right to see personal information about you held by the library and ask for it to be changed.</li> <li>Your personal information will not be shared with anyone else except where this is necessary for debt collection on library material, or when required by law.</li> </ul>	
<b>Signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>		

Office Use Only										
<input type="checkbox"/>	Address verification	<input type="checkbox"/>	Personal ID	<input type="checkbox"/>	Database check	<input type="checkbox"/>	Forms signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Home branch	<input type="checkbox"/>	Patron type	<b>B</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clutha District Libraries, 23 John St, Balclutha 9230  
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