

Clutha District Libraries Adult Membership application form

Clutha
District Council



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 for the 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) (Please include middle names)		
Residential address: (Please include full details such as house/rapid number, street name, RD, and post code)		
Postal address (if different from above): (Please include full details such as house/rapid number, street name, RD, and post code)		
Email address:		
Contact telephone number:		
Date of Birth:	<input type="text"/>	Sex: <input type="text"/> Male / Female

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 (Please write their full name)		
Their address: (Please include full details such as house/rapid number, street name, RD, and post code)		
Their telephone no:	<input type="text"/>	

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"> I am responsible for all items borrowed on this library card, even if they are lost or stolen I will notify the Clutha District Libraries immediately if the card is lost or stolen I will return all items in good condition and on time. I will agree to pay for damaged or lost items and to pay charges for overdue items. I will notify the Clutha District Libraries of any change of postal/residential address, phone number or email address. My personal information on this form may be used by Clutha District Libraries for ongoing development of its library service. 	<ul style="list-style-type: none"> 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 The information will be held by Clutha District Libraries, 23 John Street, Balclutha You have the right to see personal information about you held by the library and ask for it to be changed. 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.
Signature: <input type="text"/>	Date: <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"/>	Home branch	<input type="checkbox"/>	Patron type	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clutha District Libraries, 23 John St, Balclutha 9230
P: 03 418 1677; F: 03 418 2281; E: clutha.library@cluthadc.govt.nz
www.cluthadc.govt.nz/libraries.htm