

Under 18

MEMBERSHIP APPLICATION

To apply for a library card, you will need to supply proof of identification and address.



Contact information

Parent/Guardian to complete. All details will be kept confidential



Child: Surname

First Names

Address

Postal



Postcode

Residential [If different from postal address]

Postcode

Phone:



Home

Work

Mobile

Email



Alternative contact information

Please supply the details of a friend or relative who does not live with you, whom you authorise a Waikato District Libraries representative to contact if necessary.



Surname

First Names

Address

Postal



Postcode

Residential [If different from postal address]

Postcode

Phone:



Home

Work

Mobile

Email



Please help us to improve our services to you

The information asked for below assists us to build a profile of our library customers so that we can provide relevant services. Please tick those applicable to you:

| | |
|---|--|
| <input type="checkbox"/> Waikato District Resident/Ratepayer | <input type="checkbox"/> NZ European |
| <input type="checkbox"/> Hamilton City Resident/Ratepayer | <input type="checkbox"/> NZ Maori |
| <input type="checkbox"/> Other District Resident/Ratepayer | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Awaroa ki Tuakau Ward | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Eureka Ward | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Hukanui_Waerenga Ward | <input type="checkbox"/> Other _____ (Please specify) |
| <input type="checkbox"/> Huntly Ward | <input type="checkbox"/> Male |
| <input type="checkbox"/> Newcastle Ward | <input type="checkbox"/> Female |
| <input type="checkbox"/> Ngaruawahia Ward | |
| <input type="checkbox"/> Onewhero Ward | |
| <input type="checkbox"/> Raglan Ward | Date of birth _____ |
| <input type="checkbox"/> Tamahere Ward | Parent's date of birth _____ |
| <input type="checkbox"/> Whaingaroa Ward | |
| <input type="checkbox"/> Whangamarino Ward | |
| <input type="checkbox"/> Other District _____ (Please specify) | |

Please read and sign

As parent / guardian in signing this form you are agreeing to the following terms and conditions:

- We do not renew items.
- I am responsible for all items borrowed on this library card, even if they are lost or stolen.
- I will notify Waikato District Libraries immediately if this card is lost or stolen.
- I will return all items in good condition and on time.
- I agree to pay the rental charge for items returned after the free issue period.
- I agree to pay for damaged and lost items.
- I understand any lost items returned 12 months after due date will not be refunded.
- I understand that any debt owing over \$50 for more than 45 days will be sent to a debt collection agency.
- My personal information on this form may be given to a debt collection agency to act on behalf of Waikato District Libraries, in the event that all reasonable attempts to settle outstanding charges are unsuccessful. An additional fee to cover the cost of collection will apply.
- I will notify Waikato District Libraries if any of my contact details change (address, phone, email)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Surname _____ First Names _____

Office use only:

Library card barcode number _____ Proof of residence _____
Data entered by _____ Checked by _____ Date _____

Baycorp check completed