

MEMBERSHIP APPLICATION

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



Contact information [Please write clearly]

All details will be kept confidential



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:

Waikato District Resident/Ratepayer

Hamilton City Resident/Ratepayer

Other District Resident/Ratepayer

Awaroa ki Tuakau Ward

Eureka Ward

Hukanui_Waerenga Ward

Huntly Ward

Newcastle Ward

Ngaruawahia Ward

Onewhero Ward

Raglan Ward

Tamahere Ward

Whaingaroa Ward

Whangamarino Ward

Other District _____
(Please specify)

Self Employed

Paid Employment

Unpaid Employed

Income Support

Tertiary Student

Superannuitant

NZ European

NZ Maori

Pacific Islander

Chinese

Indian

Other _____
(Please specify)

Male

Female

Date of birth _____

Please read and sign

In signing this form I am 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)

Signature _____

Date _____

Office use only:

Baycorp check completed

Library card barcode number _____ Proof of residence _____

Data entered by _____ Checked by _____ Date _____