

Library Membership Form

Contact Details

First Name/s

Last Name

Date of Birth

Gender M / F

Address

.....

Town

Postcode

Telephone Cellphone

Email

Alternative Contact Details (Not the same address as above. This is the name and contact details of next of kin, friend who can pass on mail if you change address)

First Name/s

Last Name

Address

.....

Town

Postcode

Telephone Cellphone

Email

Guarantor (Parent/Legal Guardian if borrower is under 15 years of age)

First Name

Last Name

Address

.....

Town

Postcode

Telephone Cellphone

Email

Borrower Number (If known)

I verify that the information supplied is correct.

I agree to the conditions as stated in the conditions of membership.

I authorise Waimate District Library make available the information about me contained in this form to the Financial Services Unit if required for the purpose of debt collection.

I accept that the choice of items borrowed is my responsibility.

Signature

Date

Guarantor Signature (If the applicant is under 15 years of age)

.....

Conditions of Membership

1. You are responsible for items borrowed on your card. Please do not lend your card to anyone else.
2. Our standard loan period is 3 weeks which you can request an extension at time of issue.
3. You will not be able to borrow if you have outstanding items, more than 28 days past the due date, if your charges total \$20 or more for an adult, \$10 for a child, or if any money has been owing longer than one month.
4. Any charges incurred in the process of debt recovery will be met by the borrower.
5. Please contact us immediately if your card is lost or stolen. You are responsible for items borrowed before the loss is reported.
6. Please tell us if you change any personal details, including your address.
7. Please note: A form of valid identification, eg Drivers Licence, Passport and recent (not older than 30 days) proof of address eg power or phone bill, bank statement, are required at enrolment.

FOR OFFICE USE ONLY

Number:.....

Card type: Adult Child Staff Bulk Visitor

Ward:

ID

Passport

Other (Please Specify)

Drivers Licence

Proof of Address

Processed by

Date

Card Sent