

GORE DISTRICT LIBRARIES

Teacher Membership Application Form

I understand and accept the conditions of membership on the reverse of this form.

By signing this form I give permission for my personal details to be recorded on the library database.

I confirm the information given is correct.

I provide proof of my identity and of my address.

Office use only

Address verification

Personal ID

Database check

Form signed

Home branch

Patron type

B _____ T

Personal details

Surname/Family name: _____

First names: _____

Male Female

Date of birth: / /

Residential address: _____

Post Code: _____

Ward (if known): _____

Postal address (if different from above): _____

Telephone number: _____

Mobile phone number: _____

Email: _____

Preferred method of contact: Phone Email Text

School Details

Name and Address: _____

Telephone number: _____

Alternative contact

This person is someone who lives at a different address than you whom we may contact if necessary.

Name: _____

Residential address: _____

Telephone number: _____

Mobile phone number: _____

***Please read and sign the terms and conditions overleaf →**

Conditions of Membership

Your library card will be issued when you have provided satisfactory personal identification & proof of address and signed this form to indicate acceptance of the conditions of membership.

1. I will bring my card with me when I wish to borrow library materials.
2. I will be responsible for all items borrowed on this card and agree to pay any charges for rental items, overdue loans, or loss or damage of an item while on loan to me.
3. I will not lend my card to anyone. I am responsible for all library materials issued on my card and for any fees or charges which may arise from its use.
4. I will return all items by the due date in good condition, and will advise the library if an item is going to be returned late, or is damaged or lost.
5. I agree that overdue fees are not subject to receiving courtesy reminder notices from the library.
6. I agree to information being passed to a debt collection agency should I default.
7. I will notify Gore District Libraries of any change to my postal/residential address, phone number or email address.
8. I will notify Gore District Libraries as soon as possible if my card is lost or stolen. I am responsible for all items borrowed before the loss was reported.
9. I have read the information below about the Privacy Act.

I have read and agree to the above conditions

Signature: _____

Date: / / _____

Statement for the purpose of Principle 3 of The Privacy Act

This information is not required by law, but is necessary in order to be a library member and borrow material.

Personal information on this form may be used by Gore District Libraries for the purpose of ongoing development of the library service.

This information will be held by Gore or Mataura Libraries.

You have the right to see the 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.