WHANGAREI LIBRARIES
WANANGA WHAKATUPU MATAURANGA

Enrolment Form

Name First names

Preferred first name

Surname

Date of Birth (dd/mm/yyyy)

☐ Male ☐ Female

PIN

To access your account, please choose a 4 digit PIN number

Library Branch Which library will you use most?

☐ Central ☐ Kamo ☐ Onerahi ☐ Tikipunga ☐ Mobile

Telephone

Home: -

Mobile phone: -

Work: -

Postal Address House No & Road or PO Box No

Suburb or RD No

City or Town

Post Code

Physical Address If different to Postal Address

House No & Road

Suburb

City or Town

Email Do you want to receive reminders when items are due, request and overdue notices by email?

☐ Yes ☐ No

If yes please write your email address

Privacy of Information

Information on this form will only be used for library purposes and is available only to:

(a) the staff of Whangarei Libraries and agencies operating on our behalf, e.g. debt collectors;

(b) the guarantor (if any) on this form (next column).

The information will be destroyed if you cancel your membership and have no matters outstanding with us. You may check the accuracy of this information with us, on production of valid identification.

Conditions of Use

- The information I have provided on this application form is correct.
- I will notify Whangarei Libraries of any change of address or contact details.
- I will notify Whangarei Libraries **immediately** if my card is lost or stolen.
- I will return all items borrowed by the due date in the same condition they were in when borrowed (except for fair wear and tear).
- I agree to pay on demand all damages, fines, administration charges and replacement costs that are incurred as a result of failure to meet the above conditions.

I agree to the conditions of use outlined above.

Signature

Date

If Applicant is Under 18 Years

Guarantor - I accept responsibility for the 'Conditions of Use' in the previous column, when the applicant is under the age of 18 years.

All notices are sent to the Guarantor's postal or email address.

Name (Please print):

Library Card Number

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or Date of Birth (dd/mm/yyyy)

Postal Address - House No & Road or PO Box No

Suburb or RD No

City or Town

Post Code

Email Do you want to receive notices by email?

☐ Yes ☐ No

If yes please write your email address

Signature

Date

Office Use Only

Guarantor entered into note field

ID sighted (Librarian)

Checked

New Library Card #

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