



ROTORUA PUBLIC LIBRARY

Te Whare o te Maatauranga

(Membership is free to those living in the Rotorua District)

PLEASE PRINT CLEARLY

DATE: _____

SURNAME: _____ MR/MRS/MISS/MS

FIRST NAMES: _____

DATE OF BIRTH: _____

PHONE NOS: Home: _____ Work: _____

MAILING ADDRESS: _____

SUBURB: _____ POSTCODE: _____

STREET ADDRESS: *(If different from mailing)* _____

EMAIL ADDRESS: _____ Y / N

ALTERNATIVE CONTACT PERSON: *(Must be at a different address, in NZ)*

NAME: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS - STREET: _____

- CITY: _____ POSTCODE: _____

PHONE NO: _____

(For students this should be a parent or guardian, or a referee, eg landlord)

Information on this form is requested for administration purposes of the InfoShare group of libraries only and will not be provided to anyone else without your prior consent **except** where the information is sent to a debt collection agency to facilitate the return of lost items or payment of overdue accounts. Your membership will be updated annually. It is **your** responsibility to report any change of address. By signing this form you agree to abide by the Library's "Conditions of Membership".

SIGNED: _____

LIBRARY USE ONLY: **BARCODE:** 23200 _____

ID: _____

BTYPE: _____ **STAT CLASS:** _____ STAFF INITIALS: _____