



ROTORUA PUBLIC LIBRARY

Te Whare o te Maatauranga

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

PLEASE PRINT CLEARLY

DATE: _____

CHILD'S or TEEN'S SURNAME: _____ Male/Female?

FIRST NAMES: _____

DATE OF BIRTH: _____ HOME PHONE NO: _____

PARENTS/GUARDIANS NAMES: _____
(Please indicate whether parent or guardian)

MAILING ADDRESS: _____

SUBURB: _____ POSTCODE: _____

STREET ADDRESS: _____

EMAIL ADDRESS: _____ Y / N

SCHOOL: _____

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

NAME: _____

RELATIONSHIP TO CHILD/TEEN: _____

ADDRESS - STREET: _____

CITY: _____ POSTCODE: _____ PHONE NO: _____

LIBRARY BARCODE OF PARENT/GUARDIAN: 23200 _____

I hereby give permission for the above child/teen to be a member of Rotorua Public Library. I will make sure that items are returned on time and any overdue charges are paid. I will accept responsibility for any items this child/teen may lose or damage.

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".

PARENT/GUARDIAN SIGNATURE: _____

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

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