



# Alice Springs Public Library Membership Form

V14 May 2019

ADULT     SHORT-TERM     Country Borrower ADULT     Other: \_\_\_\_\_

<u>Title</u>	<u>First and Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (Must be in NT): <input type="text"/>			
Residential (Home) address: <input type="text"/>			
Home phone: <input type="text"/>	Mobile phone: <input type="text"/>	<u>Card Number</u> (Office use only)	
Email address: <input type="text"/>			<input type="text"/>

## Children (under 18 years):

CHILD     Country Borrower CHILD     Internet User CHILD\*: *Parent/Guardian signature:* \_\_\_\_\_

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>	<u>Card Number</u> (Office use only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*\*Internet User CHILD: I hereby grant consent for the above listed child/ren to use the internet facilities at the Alice Springs Public Library. I accept responsibility for monitoring my child's use of the library's internet facilities and agree to ensure they comply with the library regulations and procedures governing public access to the internet.*

## Responsible adult (when joining children under 18) if not already listed above:

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Card Number</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Sign Up for Events & Updates

▶ I would like to receive **library news & updates** (email address required)     Yes     No

I would **also** like specific information about events & services for kids & teenagers     Yes

**Library News & Events:** *Ticking "Yes" above allows Alice Springs Public Library to connect with you using your name and email address for the sole purpose of providing important updates and promoting library events via email and social media.*

## Consent

According to the NT Information Act, we require your consent to securely store your personal data outside of the Territory for the purposes of library business only.

I authorise permission for personal data for myself and my dependents:

1. to be stored outside the Northern Territory and, where required, Australia
2. to be stored securely; and
3. for the purposes of library business only, in accordance with the Information Act and Information Privacy Principles for the collection and handling of personal information.

**I agree to abide by the Alice Springs Public Library Terms & Conditions of membership.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** *Alice Springs Public Library recognises the importance of protecting your privacy. Information you provide is used only by Alice Springs Town Council and not sold or given to third-parties unless required by law.*

Office Use Only Scan to RM and shred document once complete.

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Added to electronic mailing list:     Complete     Permission not given