

bookinopolis

the world in your library



Managed by the Franklin District Library Trust *Te Roopu Tiaki O Te Whare Mohiotanga*

Application for your library card

To apply for a library card, please complete this form and supply proof of signature and current address.

FAMILY NAME.....

FIRST NAME..... MIDDLE NAME (S)

POSTAL ADDRESS.....

POSTAL CODE

RESIDENTIAL ADDRESS

(if different from above)

DATE OF BIRTH.....

HOME PHONE NO. MOBILE PHONE NO.....

SECOND CONTACT INFORMATION:

Please supply the details of a friend or relative who does not live with you, whom you authorise a bookinopolis representative to contact if necessary.

NAME..... PHONE NO.

YOUR WORKPLACE OR BUSINESS PHONE NO.....

YOUR EMAIL ADDRESS.

MALE

FEMALE

Which language(s) do you prefer to read in?.....

Note: Under the terms of the Privacy Act 1993 you may see and correct this information at any time.

Please turn over to read and sign the terms and conditions.

