

# 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 *under 18 years*

To apply for a library card, please complete this form. Your parent or guardian will also need to supply proof of signature and current address.

FAMILY NAME .....

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

PARENT/GUARDIAN NAME .....

PARENT/GUARDIAN POSTAL ADDRESS .....

POSTCODE .....

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. ....

PARENT/GUARDIAN NAME (if different from above) .....

PARENT/GUARDIAN POSTAL ADDRESS .....

YOUR EMAIL ADDRESS .....

MALE

FEMALE

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

I am responsible for all items borrowed on this library card, even if they are lost or stolen.

I will notify bookinopolis immediately this card is lost or stolen.

I will return all items in good condition and on time.

Child's/teenager's signature..... Date: .....

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

Parent/Guardian, please turn over to read and sign the terms and conditions.

# Parent/Guardian

**In signing this form you are agreeing to the following terms and conditions:**

- I am responsible for all items borrowed on this library card, even if they are lost or stolen.
- I will notify bookinopolis immediately this card is lost or stolen.
- I will return all items in good condition and on time.
- I agree to pay for damaged and lost items.
- I agree to pay overdue charges for items returned late.
- I will notify bookinopolis of any change of postal/residential address, phone number or email address.
- My personal information on this form may be used by bookinopolis for the purpose of on-going development of its library services.
- My personal information on this form may be given to a debt collection agency to act on behalf of the Franklin District Library Trust, in the event that all reasonable attempts to settle outstanding charges are unsuccessful. An additional fee to cover the cost of collection will apply.
- I agree to abide by the Terms and Conditions of Trade of the Franklin District Library Trust operating as “bookinopolis – the world in your library” (a copy is available at your local branch).

**Parent/Guardian Signature .....**      **Date .....**

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## FOR OFFICE USE ONLY

**Patron Type:**    **Franklin Resident – Child**     **School/Employed in Franklin**   
                         **Non Resident**                             **Reciprocal Borrower**

**ID checked:**    **Parent/Guardian Signature**     **Parent/Guardian Address**     **Baycorp list**

**Paid \$2**     **Collect**                             **Mail**                             **Staff Initials.....**

**Items issued (must have shown both signature & address ID):**

**Data entered by . .... Date..... Library Card Barcode No:.....**