



Alyangula Area School Library Membership Form

<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 style="width: 100%;" type="text"/>			
Residential (Home) address: <input style="width: 100%;" type="text"/>			
Home phone: <input style="width: 15%;" type="text"/>	Mobile phone: <input style="width: 20%;" type="text"/>	<u>Card Number</u> (Office use only)	
Email address: <input style="width: 80%;" type="text"/>			<input style="width: 100%; height: 15px;" type="text"/>

Preferred method of contact for reservation & overdue notifications: Email Letter

Additional applicants:

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>	<u>Card Number</u> (Office use only)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

Responsible adult (for joining children under 18):

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Card Number</u>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

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 **Alyangula Area School and Community Library** Terms & Conditions of membership.

Signature: _____ Date: _____

Privacy Statement: Alyangula Area School recognises the importance of protecting your privacy. Information you provide is used only by Alyangula Area School and not sold or given to third-parties unless required by law.

Office Use Only

Membership: _____ Staff initials: _____ Date: _____

Added to SAM's: complete Permission not given

Staff: Scan to RM and shred document once complete.