

Welcome

Invercargill City Libraries

Registration Application

Adult Child Temporary Other

Mr Mrs Miss Ms

First Name (s)

Preferred Name

Last Name

PIN (for online account access)

Birthdate Ethnicity

Address

Town/City Postcode

Email

Phone Cellphone

Alternative Contact (the alternative contact is someone who does not live at your address whom we may contact if necessary)

Name

Address

Town/City Postcode

Phone Cellphone

Guardian / Address 3 (the guardian is the guarantor who will need to present photo ID and address verification)

Name

Address

Town/City Postcode

Phone Cellphone

Would you like to receive email pre-alerts? Yes No

Would you like to receive our e-newsletter? Yes No

Invercargill City Libraries

Registration

- I verify that the information on the reverse is correct.
- I agree to the conditions as stated in the Conditions of Use and have read the Privacy Act Statement.
- I assume financial responsibility for all charges and materials borrowed on this card.
- I authorise Invercargill City Libraries to make information about me available to other units of the Council and/or debt collection agency for the recovery of outstanding items, and/or monies owed.

Name

Signature

Date

Staff Use

Barcode Number

Staff Name

ID Provided (please tick two)

NZ Driver Licence

Passport

R18 Card

Address ID

Other