

# Library Membership Form

## Individual

Please complete electronically or print in block capitals and read before signing

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	Post Code	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Where I heard about SHQ Library & Resource Centre	<input type="text"/>		

### Library Rules

- All items are to be renewed or returned by the due date.
- Replacement cost plus an administration fee will be charged for lost or damaged items.
- Borrowing rights will be suspended if there is an outstanding account.
- You are responsible for all items borrowed on your card

Please advise us if your card is lost or stolen.

### Privacy Information

SHQ (Sexual Health Quarters) respects your privacy. In line with the Privacy Act 1988, SHQ will store all personal information in a secure manner to be accessed by authorised staff only. The organisation will take reasonable steps to ensure that the information it collects, uses or discloses is accurate, complete and up-to-date. Personal and sensitive information collected by SHQ is not shared with other organisations or government bodies except where there is a legislative requirement to do so. An individual has the right to access the personal details held and, if applicable, make a correctional statement to attach to the material. When personal information is no longer required by the organisation it will be disposed of confidentially. The above personal information is required to enable us to provide you with full library services and will be used for this purpose only. If you choose not to supply your personal contact details you may access the library though you will be unable to borrow items.

I understand the privacy information, and agree to abide by the library rules

I would like to sign up to receive SHQ's monthly e-newsletter SHQ Review (optional)

Signed	<input type="text"/>	Dated	<input type="text"/>
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### Library Use Only

Proof of address sighted	<input type="text"/>
\$5 Membership contribution paid	<input type="text"/>

### System Information

Date	<input type="text"/>
ID Number	<input type="text"/>
Card Number	<input type="text"/>