

Membership application

Christchurch City Libraries

It's free to join. Simply fill in both sides of this form and return it to your local library with your ID and proof of address. If you have questions you can contact us on 03 941 7923, email library@ccc.govt.nz or visit your local library.

Contact details

First name(s)

Family name

Date of birth (DD/MM/YY)

Address

City

Postcode

Telephone

Mobile

Email

Postal address
(if different from above)

City

Postcode

Parent/legal guardian (if applicant is under 18*)

First name(s)

Family name

Address

City

Postcode

Telephone

Mobile

Email

Postal address
(if different from above)

City

Postcode

For office use

Card number

Local authority

Proof of ID: 1.
2.

Exp

Exp

Proof of address

User profile
(AC/YC etc)

Enrolled by

Date

Conditions of membership

References below to “we” or “us” is a reference to Christchurch City Libraries (a unit of the Christchurch City Council), and references to “I”, “you” or “your” is a reference to the member.

I and/or my dependent(s) have joined the library and accept responsibility for any items borrowed.

I agree to:

- The Conditions of Membership. These may change. Updated conditions will be available on our website.
- Return all items borrowed from the library by their due date, in good condition.
- Tell us straight away if your card is lost or stolen or if your contact details change.
- Pay overdue charges, damages, replacement charges, processing fees or collection fees incurred by this card.
- The use of a debt collection agency to recover any unpaid debt.

Privacy statement

We collect your personal information to enable you to access services from Christchurch City Libraries (a unit of the Christchurch City Council).

We use your personal information to contact you and for the purpose of managing your library membership, as well as advising you of Council services and events. This information may be given to appropriate Council staff and/or a credit agency if we need to recover outstanding debt. A debt recovery fee will apply.

You can have access to the personal information we hold about you and request changes to it. If you do not provide the information requested, the library will decline your application for membership.

For more information, please contact us:

Christchurch City Libraries
PO Box 73045
Christchurch 8154
New Zealand
Phone: 03 941 7923

Member's signature

Parent/legal guardian signature
(if applicant is under 18*)