



AUCKLAND DOWN SYNDROME ASSOCIATION INC LIBRARY MEMBERSHIP FORM

Auckland Down Syndrome Association Inc
PO Box 132033, Sylvia Park, Mt Wellington Auckland, 1644
or Level 3, 45 Mt Wellington Highway, Auckland 1060
library@adsa.org.nz Ph: 5270060

Name of Person with DS:.....
Male / Female (circle) DOB.....

Are you a member of ADSA? (please circle) Yes No

First Name:..... Last Name:.....

Name of School (if applicable):.....

School Position (if applicable).....

Schools would you like more information from ADSA (please circle) Yes No

Residential Address (include postal code).....

Postal (if different):.....

Ph Nos: (H).....(W).....(M).....

Email.....

Second Contact Name:..... Last Name:.....

School Position (if applicable).....

Residential Address (include postal code).....

Postal (if different):.....

Ph Nos: (H).....(W).....(M).....

Email.....

TERMS and CONDITIONS

I agree to abide by the Policies and Procedures of the Auckland Down Syndrome Association Library.

I agree to treat the Library, other members, the Librarian, and the library resources with respect and consideration.

PRIVACY ACT: I understand that these details will be added to the ADSA Library membership list and used only by the committee for Library business.

LIABILITY CLAUSE: I hereby assume complete and full responsibility for any and all injuries to any person or persons which result in whole or in part from using the resources I borrow from the ADSA Library. I hereby release the ADSA, its employees and volunteers including the committee, from any and all responsibility in respect of any injuries so sustained either outside of or on the premises

I have read and agree to abide by the library membership terms and condition and ADSA Library Rules.

Please print your full name.....

Signature_____ Date_____

Office Use Only

Date Received:

Accepted by:

Details Entered:

Library Log In Details Sent:

Membership Number: