

Library Membership Form

Membership: ☐ Temp ☐ Student Internet User

Title	First and Middle Name	Last Name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (Must be in NT):

Residential (Home) address:

Home phone: Mobile phone:

Email address:

Card Number (Office use only)

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

Additional applicants:

First and Middle Name	Last Name	Date of birth	Card Number (Office use only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsible adult (for joining children under 18):

First and Middle Name	Last Name	Relationship	Card Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 **Darwin Middle School** Terms & Conditions of membership.

Signature: _____ Date: _____

Privacy Statement: Darwin Middle School recognises the importance of protecting your privacy. Information you provide is used only by Darwin Middle 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.