

Friends of the Hurunui District Libraries Incorporated

MEMBERSHIP APPLICATION FORM

Applicant's full name: _____

Membership Type (tick one): Current Supporting
 Library Volunteer Member

May we call on you to help with Friend's activities? YES / NO

Home address: _____

Phone: _____ Fax: _____

Email: _____

Privacy Clause: The personal information you are providing by completing this membership application form is being collected by the Friends Of The Hurunui District Libraries Inc. to enable us to maintain accurate membership records; to enable us to communicate with members; and for such other purposes relating to membership. The Secretary of the Society will hold this information. You are entitled to request access to and correction of this information.

PLEASE TELL US IF YOUR DETAILS CHANGE

**Please read the objectives of the
Friends of the Hurunui District Libraries
Incorporated and complete the form below.**

These are to:

- ◆ Promote and support the Hurunui District Libraries in providing a range of library resources and facilities for the Hurunui community.
- ◆ Advocate and lobby on behalf of the Hurunui District Libraries.
- ◆ Encourage and support Hurunui District Libraries' paid and unpaid staff.
- ◆ Raise funds for the furtherance of the above objects.
- ◆ Carry out other activities consistent with the charitable objects of the Society.

I support the objectives of the Friends of the Hurunui District Libraries Incorporated and apply to become a member of the Society:

Signature: _____

Date: ____/____/____

Please complete both of these forms and send to:

**The Treasurer,
Friends of the Hurunui District Libraries Inc,
District Library
Amberley.**

** Supporting Members please enclose your donation with your application*