



Taminmin College Library Membership Form

Please complete a form for each student.

Membership: ☐ Student borrower & 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): <input type="text"/>																							
Residential (Home) address: <input type="text"/>																							
Home phone: <input type="text"/>	Mobile phone: <input type="text"/>		Card Number (Office use only)																				
Contact Email address: <input type="text"/>			<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

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

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 **Taminmin College** Terms & Conditions of membership.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Privacy Statement: Taminmin College recognises the importance of protecting your privacy. Information you provide is used only by Taminmin College 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.