



## FPWA Sexual Health Services Library Membership Form

Please print in block capitals and read before signing

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

Where I heard about FPWA Library \_\_\_\_\_

### Library Rules

- All items are to be renewed or returned by the due date.
- Fines for overdue loans are charged at \$1 per item per week.
- Replacement cost plus an administration fee will be charged for lost or damaged items.
- Borrowing rights will be suspended if there is an outstanding account.
- You are responsible for all items borrowed on your card - please advise us if card is lost or stolen.

### Privacy Information

FPWA respects your privacy. In line with the Privacy Act 1988, FPWA will store all personal information in a secure manner to be accessed by authorised staff only. The organisation will take reasonable steps to ensure that the information it collects uses or discloses is accurate, complete and up-to-date. Personal and sensitive information collected by FPWA is not shared with other organisations or government bodies except where there is a legislative requirement to do so. An individual has the right to access the personal details held and, if applicable, make a correctional statement to attach to the material. When personal information is no longer required by the organisation it will be disposed of confidentially. The above personal information is required to enable us to provide you with full library services and will be used for this purpose only. If you choose not to supply your personal contact details you may access the library though you will be unable to borrow items.

**I understand the privacy information, and agree to abide by the library rules**

Signed \_\_\_\_\_

Library Use Only	System Information
<b>Borrower Type:</b> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	<b>Date:</b> _____
<b>Address/Cons:</b> <input type="checkbox"/> DL <input type="checkbox"/> SC <input type="checkbox"/> HCC <input type="checkbox"/> CM	<b>ID Number:</b> _____
<b>Paid:</b> <input type="checkbox"/> \$5 <input type="checkbox"/> \$10	<b>Card Number:</b> _____