

# Library Associate Membership Application for Te Toka Tumai staff

The University of Auckland Library undertakes to collect, use, and disclose the information you provide on this form in accordance with the principles of the Privacy Act 1993. The information will be used for educational and administrative purposes relating to your Associate Membership.

## 1. Choose type of membership

- Borrowing and electronic access** **OR**  **Electronic access only**  
*Includes a Campus Card (ID), username and password* *Includes a username and password, **NOT** a Campus Card (ID)*

• A current ADHB ID card is required for all applications.

## 2. Choose type of application

- New** **OR**  **Renewal**

• Your **PHOTO** is required for a new Campus Card (ID) or if your current Campus Card (ID) is lost or has expired (is older than 6 years from the date of issue). Library staff can take your photo **OR** you can email [adhblibrarylinks@auckland.ac.nz](mailto:adhblibrarylinks@auckland.ac.nz) your ADHB ID card photo.

## 3. Eligible ADHB staff

- Paid permanent staff  RMO

The following staff require authorisation:  Casual staff  Contract staff  Fixed term staff

(Contract end date) \_\_\_\_\_

4. Are you a **current University of Auckland student**?  NO  YES (If yes, DO NOT apply for this membership.)

5. Are you a **current student of another educational institution (i.e. not University of Auckland)**?  NO  YES\*

\*If YES: Which institution? \_\_\_\_\_ What course? \_\_\_\_\_

6. Were you **previously a student/staff member at the University of Auckland**?  NO  YES

7. If known: Campus Card (ID) Number (e.g. 123456789) \_\_\_\_\_ Username (e.g. jblo001) \_\_\_\_\_

8. Your previous name if your name has changed since your original Campus Card (ID) was assigned \_\_\_\_\_

## Personal information

Fill out in BLOCK LETTERS

Title (circle) Prof | Assoc Prof | Dr | Mr | Ms | Mrs | Miss | Mx Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last name \_\_\_\_\_ First & middle name(s) \_\_\_\_\_

Home address \_\_\_\_\_

Preferred email (used for sending library notices) \_\_\_\_\_

Mobile \_\_\_\_\_ Work phone \_\_\_\_\_

Work address \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

ADHB ID Card expiry date \_\_\_\_\_ ADHB employee no. \_\_\_\_\_

## Membership terms and conditions

The information provided is true and correct, and I agree to notify the library of any change.

- I agree to abide by the loan periods and conditions of borrowing.
- I accept responsibility for my Campus Card (ID) and for items issued (a \$20 replacement fee applies).
- I understand that late or lost items may incur charges for which I am responsible.

Full terms and conditions of membership are outlined in the [University of Auckland Library Statute](#)

[www.auckland.ac.nz/en/about/the-university/how-university-works/policy-and-administration/university-organisation-and-governance/library/library-statute-2007-.html](http://www.auckland.ac.nz/en/about/the-university/how-university-works/policy-and-administration/university-organisation-and-governance/library/library-statute-2007-.html)

Legible signature \_\_\_\_\_

**Membership is valid for 12 months or until your ADHB ID card expires (whichever is first).**  
**House Officers / Registrars: Membership is valid until the end of your current placement.**

Library use only:

\*\*\* Attached: ADHB ID card copy  Photo  House Officer / Registrar Placement date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration received by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorised by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADHB/HHS privileges entered by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_