

Library Associate Membership Application for ADHB 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 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

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 _____ / _____ / _____