



Application for registration as a borrower

Wellington City Libraries
TE MATAPIHI KI TE AO NUI

Signature_

Office use only	
	Gender (circle) M F
Personal ID:	Residential ID
Borrower number	Borrower type
Your details Please print	
Your personal information is required so that library se with information on our products and services.	ervices may be delivered to you. From time to time the library may contact you
Mr/Mrs/Miss/MsMr	
Family name Stigley	First name Oliver
Residential address 65a Homebush Road	
Suburb/City Khandallah, Wellington	Postcode6035
Emailoliverstigley@gmail.com	ſ
Home phone4796031	Cell phone0226360167
Postal address (if required)	
Library number	Date of birth20/02/1982
Second address	
	tails to enable us to remain in contact with you should you move or go on lating. Please supply a second address in New Zealand eg relative, employer, n necessary.
Second address20 Nottingham St	
Suburb/City Karori, Wellington	Postcode 6012
Home phone021 828 107	
lost/stolen card immediately, and to pay upon deman incurred. I agree to information being passed to a det	all items borrowed from the library by the due date, to notify change of address and item rental charges, overdue charges, damages and replacement charges that bt collection and credit reporting agency should I default.

12/3/16

We are trying to develop our collections and services to meet your needs. It would help us if you told us about yourself as a customer.

	What is your main area of interest in the library?	Please tick your interests below.
	☐ Art and craft	
	☐ Biographies	☐ Lifestyle
	☐ Business	☐ New Zealand/Māori
	☐ Beliefs	☐ Other languages
	☐ (Ds	☐ Social comment
	☐ Children's	☐ Science/Health
		☐ Travel/History
	□ DVDs	
/	-	
	Promotional material Please tick one	
	☐ Do not send promotional material	☑ I am happy to receive promotional material