IPSWICH LIBRARIES Corporate Membership Application Form

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Organisation:	Ipswich			
Applicant's Name :				
Telephone: (B)	(M)		Н)	
LIBRARY NOTICES: Sta E-m	ndard Mail ail			
Organisation's Addres	s:		e Address of Applicant:	
Authorisation of Principal	- Name:			
Supporting documentation (Please attach)	of authorisation:		Other – please specify ase tick appropriate box)	
I/We have read the Privacy any fines and make good a	-	-	to the rules of Ipswich Librari harged.	es and to pay

DATE:	SIGNATURE:	(of applicant)
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PRIVACY STATEMENT

Ipswich City Council is collecting your personal information in accordance with the Information Privacy Act 2009 (QLD) so that we can process your membership application, perform our other responsibilities under the Act and provide other library services. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in this collection notice.

STAFF USE ONLY

		CHECKED					
Membership No.	PIN	Identification	Name	Address	Library Notice	Phone Nos.	Staff Initials