

ICAZ INFORMATION RESOURCE CENTRE

Membership application form

Personal Information

Surname	Other Names
Sex	Title
Date of Birth	ID Number
Home Address	
Postal Address	
Telephone	Cell phone
Fax	Email

Work/occupational Information

Occupation	
Employer	
Address	
Telephone	Fax
Email	
ICAZ Member Number/Student Number	
If currently studying state Stage of study	

Declaration

- (i) All information given above is true to the best of my knowledge.
- (ii) I agree to abide by the rules of the ICAZ information resource centre.

Signature

Date

For office use

1.Borrower Loan Category
2.Membership number/barcode
3.Amount paid
4.Expiry date
5.Record number

Data Protection

The information you give on this membership card will be processed in accordance with the Data Protection Act 1988. It will be used to administer your membership of the **ICAZ** information centre.

Confidentiality of member /patron information

1. Personally identifiable information about Library patrons and their use of the **ICAZ** Information Centre is private. The Library shall not disclose such information to anyone except in the following cases:
 1. If required by law, pursuant to a valid subpoena, warrant, court order or other investigatory document;
 2. On written consent of the patron; or
 3. When absolutely necessary for the effective operation of the library,
2. Patrons who fail to return materials in a timely manner will be deemed to have waived their right to confidentiality insofar as is necessary for the Library to retrieve the missing material or secure appropriate compensation for its loss.
3. Patrons who have questions, concerns, or complaints about the Library's handling of their privacy and confidentiality rights should file written comments with the CEO of the institute (**ICAZ**). All such comments will be investigated, and responded to when appropriate.

Please sign below to confirm that you understand and agree to this

Name

Signature

Date
