

RIA Library

Reader Registration Form

Please complete this form to apply for reading rights in the library. This form must be countersigned by the Librarian or Deputy Librarian. An annual fee of €15 is payable. ALCID card holders do not need to complete this form.

Please use block capitals:

Surname: _____

Forename: _____

Home Address: _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Please specify which type of materials you wish to access:

Declaration: *I agree to be bound by the Regulations of the Library*

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

ID supplied: _____ Letter of Introduction: _____ Other: _____

Application approved by: _____ Date: _____

Registered on database on _____ 200__.

Fee paid: _____ Ticket no.: _____ For collection: _____ Posted: _____

This information is stored on computer and protected under the Data Protection Acts 1988 & 2003.

We may occasionally use your details to contact you about lectures, exhibitions, etc. If you do not wish to receive this information, please tick this box .