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| **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 Duty 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:       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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***• Your contact details are transferred to a secure Reader’s Ticket database for record purposes and retained thereon for as long as you remain a registered reader.***

***• If you wish to be contacted about Library activities, please tick the opt-in box here.*** **[ ]**

***Your data is transferred to an Academy contact database for mailing purposes. This form is retained for three years for audit purposes and thereafter securely shredded.***

***For further information on our records management please consult*** [***https://www.ria.ie/library/about/services***](https://www.ria.ie/library/about/services)***.***

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FOR OFFICE USE ONLY:

ID supplied: \_\_\_\_\_\_\_\_\_\_ Letter of Introduction: \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_

Application approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered on database on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

Fee paid: \_\_\_\_\_\_\_\_ Ticket no.: \_\_\_\_\_\_\_\_\_\_ For collection: \_\_\_\_\_\_\_ Posted: \_\_\_\_\_\_\_

*The Academy is compliant with the Data Protection Acts 1988 & 2003.*