



Formerly Blind Foundation

Library Associate Membership Form (Print Version)

Introduction

The Blind Low Vision Library is unique in New Zealand. The Copyright Act 1994 allows Blind Low Vision NZ to produce and provide access to books and other published works in a range of accessible formats. **This provision is only for persons with a print disability.** If you would like to know more about our Digital Library Services visit blindlowvision.org.nz or call 0800 24 33 33.

Personal Information

Title: _____ First Name(s): _____

Surname: _____

Address: _____

Suburb: _____ City / Area: _____

Post Code: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Mobile: _____

Are you a New Zealand citizen or permanent resident? Yes No

What is your preferred format for receiving information?

Email Large Print Audio Ordinary Print Braille

Are you over the age of 18? Yes No

If no, please include parent / guardian consent and contact details

Parental / Guardian Consent (if under 18)

I give permission for my child to register for Blind Low Vision NZ Digital Library Services. I agree to offer supervision of the content they access, to ensure it is of a suitable maturity level.

Child name: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Declaration

This section must be completed by a health professional.

I declare the person stated on this form meets the following criteria of print disability as defined by the Copyright Act 1994.

Print disability, in relation to a person,—

(a) means an impairment that prevents the person from enjoying a printed copyright work to the same degree as a person who does not have that impairment; but

(b) excludes an impairment of visual function that can be improved, by the use of corrective lenses, to a level that is normally acceptable for reading without a special level or kind of light

Signature: _____

Name: _____

Qualification/s: _____ Date: _____

Send completed form to

Blind Low Vision NZ
Private Bag 99941
Newmarket,
Auckland 1149

Send form via email: library@blindlowvision.org.nz .

For any further information call 0800 24 33 33