

Registering a New Library Book Group

Please complete *both* sides of this form and return to Book Discussion Scheme:
 Post: PO Box 7126, Christchurch 8240 or Email: bds@bds.org.nz or
 Drop off: 425 Colombo St, Sydenham, Christchurch 8023

CONVENOR'S DETAILS (your group's main contact person)

Name _____

Address _____

Post code ____ _ Rural delivery? YES / NO

Phone Daytime () _____ Evening () _____ Mobile () _____

Email _____

SECONDARY CONTACT (required)

Name _____

Phone Daytime () _____ Evening () _____ Mobile () _____

Email _____

BOOK GROUP DETAILS

No. of members (max 12) _____

Open to prospective members? YES / NO
 (if yes, see 'About your group' section to the right)

Meeting Day (e.g. 3rd Mon) _____

Time _____ Daytime / Evening

In which month do you wish to receive your first book set?
 (remember, you will discuss this book at the *following* month's meeting)

JAN	FEB	MAR	APR	MAY
JUN	JUL	AUG	SEP	OCT

About your group (e.g. no. of men/women, age range, genres, fun/serious etc. This helps us determine who we are serving and how we can improve access to book groups for others. It will also be used on our website if you have said you are open to prospective members).

Would you like to receive the latest titles before discussion notes are ready? (generic notes are provided instead) YES / NO

DELIVERY DETAILS

The library courier will collect from BDS (Christchurch only)

Courier to address listed above

Courier to the address below:

Post Code ____ _ Rural Delivery? YES / NO

HOW DID YOU HEAR ABOUT BDS? (tick all that apply)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Print advert | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Event |
| <input type="checkbox"/> Other _____ | |

IMPORTANT:
 COMPLETE BOOK SELECTION AND
 PAYMENT DETAILS OVERLEAF 

Your Book List

Please choose 25 titles from our catalogue (also available online at www.bds.org.nz/books)

You can update or re-prioritise your list anytime once you have registered and been issued with your online login details.

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IS YOUR LIST IN ORDER OF PREFERENCE?

YES / NO

PAYMENT DETAILS

Membership fees

How would you like to pay?

Cash/EFTPOS (in person only) Internet Banking (use convenor name as a reference)

Our account no. is: 02 0800 0726088 000

I have distributed individual payment slips to my group members

Optional

Return track & trace courier bags (lineflow size, fit 7-12 books) 10 bags

Total amount enclosed/paid \$ _____

CONVENOR DECLARATION

I, _____, agree to adhere to BDS' terms and conditions outlined at bds.org.nz/terms-a-conditions. I understand my responsibilities as convenor and agree to receive emails from BDS which may contain important updates for convenors, new BDS products and services and other literary news and events.

Signature _____

Date _____

Privacy Policy

We are committed to you to protecting your privacy and personal information. BDS will not sell or rent your contact details to anyone outside the organisation for commercial purposes.

View our full policy at bds.org.nz/privacy-policy

OFFICE USE ONLY

Date rec'd _____

Chreos entered _____