

## Registering a New Prison-based 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

COORDINATOR/CONVENOR'S DETAILS (your group's main contact person)			
Name			
Home address			
Post code Rural delivery? YES / NO			
Phone Daytime ( ) Evening ( )	Mobile ( )		
Email			
SECONDARY CONTACT (required)			
Name			
Phone Daytime ( ) Evening ( )	Mobile ( )		
Email			
BOOK GROUP DETAILS	About your group This section helps us		
No. of members	<b>About your group</b> This section helps us determine who we are serving and how we can		
No. of volunteers	improve access to book groups for others.  It will not be shared publicly.		
Total	No. of men		
Meeting Day (e.g. 3rd Mon)	No. of women		
	No. of gender diverse		
In which month do you wish to receive your first book set?	Ethnicities (tick all that apply)		
(remember, you will discuss this book at the <i>following</i> month's meeting)	Pākeha/NZ European Asian		
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT	Māori Other Pasifika		
	MELAA (Middle Eastern/Latin American/		
	African)		
DELIVERY DETAILS	Describe the group in your own words here:		
Collect from 425 Colombo Street, Sydenham, Christchurch			
Courier to convenor's home address (above)			
Courier to the address below:			
	HOW DID YOU HEAR ABOUT BDS? (tick all		
Post Code Rural Delivery? YES / NO	that apply)  Internet search  Facebook		
	Print advert Instagram		
IMPORTANT: COMPLETE BOOK SELECTION AND	☐ Word of mouth ☐ Event		
PAYMENT DETAILS OVERLEAF	Other		

## Your Book List

Please choose 25 titles from both/either the main catalogue and/or the Intermedia online). TIP: Use 'BDS filters' on left-hand side of catalogue to view Intermediate El You can update or re-prioritise your list anytime once you have registered and bee I	nglish titles only)	·
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IS YOUR LIST IN ORDER OF F	PREFERENCE?	YES / NO
PAYMENT DETAILS  The fee for BDS prison book groups is \$125 per book group, per year and includes you wish to pay:		ease indicate how
Cash/EFTPOS (in person only) Internet Banking (use coordinator na Our account no. is: 02 0800 0726088		
Please send invoice to: Name:		
Organisation:email:		
Total amount paid/to pay \$		
COORDINATOR DECLARATION		
	o to PDS' tarms and	conditions outlined at
I,, agree to adher bds.org.nz/terms-a-conditions. I understand my responsibilities as convenor and agree to important updates for convenors, new BDS products and services and other literary news	receive emails from I	BDS which may contain
Signature	Date	
Privacy Policy		ISE ONLY

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/online-privacy-policy

## OFFICE USE ONLY Date rec'd\_\_\_\_\_ Chreos entered\_\_\_\_\_