

Registering a New School 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'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 including coordinator (max 12) _____

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)

FEB MAR APR MAY JUN JUL AUG SEP OCT

Tell us about your group (e.g. age range, ethnicities, genres, fun/serious etc. This helps us determine who we are serving and how we can improve access to book groups for others.

DELIVERY DETAILS

☐ Collect from 425 Colombo Street, Sydenham, Christchurch

☐ Courier to coordinator's address (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 15 titles from our catalogue (also available online at www.bds.org.nz/books)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

IS YOUR LIST IN ORDER OF PREFERENCE?

YES / NO

PAYMENT DETAILS

\$30 per member | \$20 for coordinators | No registration fee

- ☐ Cash/EFTPOS (in person only) ☐ Internet Banking
Our account no. is: 02 0800 0726088 000 **OR**
☐ I intend to collect membership fees from my group at our first meeting (please pay promptly to avoid delays in receiving your next set of books)

Optional

Return track & trace courier bags (lineflow size, fit 7-12 books) ☐ 5 bags + \$62.50

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 coordinators, 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 _____