

NZSDT Inc
Library
Request Form

Post to:
Library Request
NZSDT
PO Box 6264
Upper Riccarton
Christchurch 8442



This is a free service to Financial Members Only
You may email (or post) your details & request to
DTLibrary@diversionaltherapy.net.nz

Name of Person book(s)

Membership No:

Address:

Phone:

Mobile:

Email:

Fax:

Books may be borrowed for up to three weeks.

Title of Book(s) Maximum of 2 (two) books

Name of Second Contact Person:

Address:

Phone:

Email:

- I understand that if I lose or deface any book, I will have to pay the replacement cost.
- Please return books within three weeks. There will be a charge for overdue books.
- Books to be returned by Courier Post.
- Please include a blank prepaid Courier Post bag to cover cost of freight.
- Please use the RETURN address label included with the books.

Signature:

Date:

	Membership	Date Sent	Due	Returned
Office Use Rev 2: 8/08				