

# The Hong Kong Academy for Performing Arts Libraries

## Library Reading Card Application Form (Non-Academy Member)

1. Complete Part I in BLOCK Letters. To complete Part II, you are required to seek an endorsement from a member of the Academy (Full Time Lecturer grade or above) and submit a letter from your employer/institution stating the need for using the HKAPA Libraries.
2. Return the form to the Academy Library.

**Visit the HKAPA between 9:00 a.m. and 5:00 p.m. on Monday to Friday or between 9:00 a.m. and 12:30 p.m. on Saturday for the following:**

3. Settle payment for the Annual Fee at the Cashier of the Finance Department. Cheque should be made payable to "The Hong Kong Academy for Performing Arts".
4. Return the completed form with payment receipt to the Academy Library.

**Library will inform you on photo-taking arrangement.**

If you have any question, please call 2584-8510.

Please refer to overleaf for personal information collection statement.

### Part I

Surname: (Prof, Dr, Mr, Miss, Ms, Mrs)		First Name:	
Name in Chinese (if any):		Academy ID No.:	
Mobile (preferred) / Home phone number:			
Address:			
Email Address:			
<u>Declaration</u>  <i>I understand that I shall be responsible for any loss or damage of the library materials loaned and shall be charged the cost of replacement plus accumulated fine. The Academy Library reserves the right to deduct unsettled amount from my deposit or take further action to recover the cost.</i>			
Signature _____		Date _____	

### Part II

#### To be completed by member of the Academy

I, \_\_\_\_\_, hereby certify that the information in Part I is true and correct and I support his/her application.

Designation: \_\_\_\_\_ School/Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

- ☐ HKID Card Checked
- ☐ Supporting Document
- ☐ Receipt Attached
- ☐ Photo-taking Slip Issued

Patron Barcode: \_\_\_\_\_

Approved by: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Data file sent to FSC on : \_\_\_\_\_

(Librarian)

Checked by: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Access Control updated by: \_\_\_\_\_

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**To : Cashier, Finance Department**  
**From : Academy Library**

Please receive the following payment from: \_\_\_\_\_ (Name of Applicant)

MLCA ☐ Library Card Annual Fee \$1,000

\_\_\_\_\_  
(Library Staff Signature)

Personal Information Collection Statement

The personal data provided in this form will be used for processing your application for a library card, providing access to library facilities and services, compiling library statistics, and maintaining your record. Your data may be shared with relevant departments (e.g. Accounts Office, Registry) of the Academy solely to resolve outstanding fines or other obligations. Provision of personal data is voluntary. If you do not provide sufficient information, the Library may not be able to process your application or contact you. Outdated data will be destroyed in accordance with the Library's retention policy. To access or correct personal data held by the Library, please contact us by email at [library@hkapa.edu](mailto:library@hkapa.edu).