

# REGISTERING A NEW BOOK GROUP

**Please complete this form and return to Book Discussion Scheme:  
PO Box 7126, Christchurch 8240 (440 Colombo Street) or fax 03 365 6054  
or scan form & email it to bds@bds.org.nz**

Please PRINT your details *clearly*

**CONVENOR'S DETAILS:** *(your group's main contact person with BDS)*

**Name:** .....

**Home address:** .....

..... **Post code** \_\_\_\_ \_\_\_\_ \_\_\_\_ **Rural delivery? YES / NO**

**Phone:** Daytime ( ) ..... A/hrs ( ) ..... Mob: ( ) .....

**Email:** .....

**OTHER CONTACT:** *(a second contact person for your group)*

**Name:** .....

**Phone:** Daytime ( ) ..... A/hrs ( ) .....

**Email:** .....

**BOOK GROUP DETAILS:**

We wish to register our book group for a: *(please tick)*

**Full programme** (a book a month; 10 books in total)

OR  **Half programme** (a book every 2 months; 5 books in total)

OR  **Student programme** (a book every month for 5 months)

**Meeting day:** (e.g. 3rd Wed) .....

**Time:** Daytime / Evening **No. of members:** ..... (max.12)

**1st book parcel wanted by** .....(date)

**How did you hear of BDS?** .....

**Briefly describe your group:** (e.g. men &/or women, age range, ethnicities, fun/serious, genres)

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**Can BDS refer prospective members to your group? YES / NO**

**DELIVERY DETAILS:** *(please tick required option)*

**Our group will collect books** from 440 Colombo Street, Sydenham, Christchurch

OR  **Please courier our books to convenor's home address (above)**

OR  **Please courier our books to:** (PRINT *street address or PO Box*)

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..... **Post code** \_\_\_\_ \_\_\_\_ \_\_\_\_ **Rural delivery? YES / NO**

**BOOK SELECTION & PAYMENT DETAILS: PLEASE LIST OVERLEAF**



# Your Group's Book Selections

from our catalogue

Please list 25 titles (15 titles for half/student programme)

Authors' names not required

Are your selections in order of preference? YES / NO

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2
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### PAYMENT DETAILS:

Payment (or notification of payment) for registering a new group (\$30) **MUST** accompany this form.

Cash (in person only)   
 Cheque enclosed   
OR   
 Direct Debit payment made  
(please identify your payment with Convenor's name)  
BNZ a/c: FWEA Book Discussion Scheme 02 0800 0726088 000

### CONVENOR DECLARATION - please sign and date

I,.....[name] agree to adhere to BDS Terms and Conditions.

Signature ..... Date .....

### Terms & conditions

The *Handbook for Groups 2011* details BDS' terms and conditions and convenor responsibilities. It also explains our commitment to you to protect the privacy of your information. BDS will not sell or rent your contact details to anyone outside the organisation for commercial purposes.

### FOR OFFICE USE ONLY

Date rec'd.....

Chreos entered.....