

To be filled in by the library staff:

Staff:

Library card number:

Gemeindebibliothek Ismaning Library membership card agreement

Last name: _____

First name: _____

Gender: male female diverse

Date of birth: _____

Street: _____

Postal code : _____ City: _____

Telephone number (optional): _____

Mobile phone number (optional): _____

Email (optional): _____

I hereby request a library card and agree to comply with the following regulations:

- I understand that borrowed media are for my personal use only and that the library card is non-transferable.
- I will observe current copyright laws. Failure to comply with these terms is a legal breach of copyright law.
- I have read the late fee regulations and understand that I am responsible for the timely return of borrowed media. Furthermore, I agree to compensate for any loss or damages of borrowed media.
- I accept the Ismaning Library regulations, which are displayed on the premises in the library.
- I agree to report a lost or stolen library card. I understand that a 1,50€ replacement fee will be charged for new library cards.

Request for newsletter, expiry date reminder and reservation notifications by email:

I would like to receive the Ismaning Library newsletter: Yes No

I would like to receive an email notification two days before the expiry date: Yes No

I would like to receive an email notification for reservations: Yes No

Email address: _____

Linking Family Accounts

I agree to my library account being linked to the accounts of my family (spouse, children) and that the library staff will share information of all linked family members, regarding due dates of my borrowed media and the availability of reservations. Yes No

The link shall be made to the following surname (Master library card):

Please enter first and last name in block letters. Please let us know immediately if you no longer want a family link.

* This information is voluntary.

Privacy

The protection of your personal data is very important to us. Therefore, your data is only processed in compliance with legal regulations (GDPR, DPA, TCA 2003). In this privacy statement, we inform you about the most important aspects of data processing at our library.

Your data is required to complete the rental. Without this data we cannot carry out media rental. Data transfer to third parties is sometimes necessary, for example, to Datronic, the company that manages our library software, as well as to GDPR-compliant service providers. If you would like your data to be changed or deleted, please let us know. Deleting data means that you can no longer borrow media and your library membership expires. All outstanding media and/or fees must be resolved in order to cancel your library membership and card. If you no longer use the library, your data will be deleted 3 years after the last transaction.

Data processing fulfills this contractual relationship.

Newsletter

If you are interested in subscribing to the Ismaning Library newsletter, we require your email address and your consent/signature. You can unsubscribe to the newsletter via the link provided in the newsletter and we will immediately delete your data in connection with the newsletter subscription.

Your rights

You have the right to view your information, to make corrections, to request deletion or restrict use. You have the right, at any time and for any reason, to object to the processing of your personal data. If you believe that the processing of your data violates the data protection law or otherwise violates your data protection claims, you can contact our supervisory authority, the Landesbeauftragter für den Datenschutz in Bayern. We will do our utmost to respond to your request within a reasonable amount of time (Art. 77 DSGVO).

Landesbeauftragter für den Datenschutz in Bayern
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Contact

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Secure Consult GmbH
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Keplerstraße 5, 86529 Schrobenhausen
Telephone: +49 (0)8252 – 909411-0
E-Mail: dsb.ismaning@secure-consult.com

Township, date

Signature

For children and adolescents under the age of 16, the signature of both parents or all legal guardian is required:

Township, date

Name (please print)

Signature of both parents/all guardians