Library Membership Application Form

IMPORTANT - If NOT applying in person, please supply a copy of photo identification, eg drivers licence or passport

<table>
<thead>
<tr>
<th>Membership required:</th>
<th>☐ 6 months</th>
<th>☐ 12 months</th>
<th>☐ 3 years</th>
<th>☐ 10 years</th>
<th>☐ Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concession card holder?</td>
<td>☐ Yes (please attach a copy of your card)</td>
<td>☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant details:

- ☐ Mr  ☐ Ms  ☐ Mrs  ☐ Miss  ☐ Dr  ☐ Prof
- Family name: ____________________________________________
- Given name(s): __________________________________________
- Email address for Library notices: _________________________
- Postal address: __________________________________________
- Phone contact: __________________________________________

Category of Applicant:

- ☐ Community member (Reason for applying - if work related, please provide the name of your employer. If study related, please indicate place and period of study)

- ☐ Affiliate - Friends of the Library member
- ☐ Affiliate - Active member of Convocation, the UWA Graduates Association (ie fee paying member of Convocation)
- ☐ Affiliate - UWA retiree (or former UWA staff member with at least 15 years continuous work experience at UWA) (Please indicate dates of UWA employment and relevant School/Department)

I agree to abide by the Library rules: [http://www.library.uwa.edu.au/about/rules](http://www.library.uwa.edu.au/about/rules)

I acknowledge that should I lose this card I will be required to pay $16.50 (GST inc) for a replacement card

Signature of Applicant: ___________________________ Date: ____________________

Library use only:

- ☐ ID sighted  ☐ Affiliate card (F)  ☐ Community card (M)
- Library: ___________________________ Date: ___________________________
- Authorised by: ___________________________ Signature: __________________
- Date S/A emailed: ___________________________ Date card sent: __________________
- Payment details: ___________________________

Student Administration use only:

- Card issued by: ___________________________ Signature: __________________
- Card number: ___________________________ Date: __________________