

Library Membership Application Form

Membership required: 6 months 12 months 3 years 10 years Life

Concession card holder? Yes (please attach a copy of your card) No

Applicant details:

Mr Ms Mrs Miss Dr Prof

Family name: _____

Given name(s): _____

Email address for Library notices: _____

Postal address: _____

Phone contact: _____

If NOT applying in person, please supply a copy of photo identification, e.g. drivers license or passport

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 - UWA graduate Date of admission to UWA degree: _____

Affiliate - UWA retiree or former UWA staff member with at least 15 years continuous work experience at UWA

Dates of UWA employment and relevant School/Department: _____

Conditions of Membership:

I agree to abide by the Library 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: _____