# 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

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**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](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:** _________________________________

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**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:** _____________________________________________________

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**Student Administration use only:**

- **Card issued by:** _________________________________  
  **Signature:** _________________________________

- **Card number:** _________________________________  
  **Date:** _________________________________