



STUDENT MEMBERSHIP FORM

NOTE: Please complete this form with 1 passport sized photograph and submit to Information Services Counter, Level 1.

FAMILY NAME			
FIRST NAME			
MIDDLE NAME			
TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss
IC NO./PASSPORT NO.			
STUDENT ID			
PATRON GROUP	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> POSTGRADUATE		<input type="checkbox"/> UNDERGRADUATE HONOURS <input type="checkbox"/> POSTGRADUATE HDR
	COURSE DETAILS: SCHOOL:..... COURSE:.....		
ADDRESS			POSTCODE
ADDRESS (PERMANENT)			POSTCODE
TELEPHONE	HOME	MOBILE	
EMAIL			
I _____ agree to the Community Use Rules of the Library and Learning Commons. If an item is damaged or lost, I agree to pay the fines, processing fees and cost of the item(s).			
SIGNATURE OF APPLICANT		DATE	

FOR LIBRARY USE ONLY			
EXPIRY DATE OF MEMBERSHIP			
CERTIFIED BY		DATE:	
REGISTRATION	WITHDRAWAL		
Remarks:	Remarks:		
Approved by:	Approved by:		
_____ Director, Library and Learning Commons	_____ Date	_____ Director, Library and Learning Commons	_____ Date