



Library Membership - Community and Affiliate Application Form

Membership required 12 months 6 months

If studying, please indicate period of study _____

Applicant details

Mr Ms Mrs Miss Dr Prof A/Prof (Please circle one)

Family Name: _____

Given Name(s): _____

Email address for Library notices: _____

Postal Address: _____

Current Residential Address: _____

Phone No: (Wk): _____ (Mobile / A/H): _____

Category of Applicant (please indicate)

Community member Reason for applying: If work related, please provide the name of your employer, firm or organisation. If study related, please indicate place of study

Friends of the Library member

Member of a group with a formal agreement with UWA Library

Name of group: _____

UWA Graduates Association member

UWA short or professional course participant

Name of course: _____

UWA staff retiree

I agree to abide by the Library rules: <http://www.library.uwa.edu.au/regulations/>

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:

Campus Card authorisation: ID Sighted Affiliate card Community card
Card Type F Card Type M

Library: _____ Signature: _____

Authorised by: _____ Date: _____

