

STANDARD/MAIL DELIVERY/OVERSEAS/ALUMNI

APPLICATION FOR COMMUNITY BORROWER MEMBERSHIP

ABN567 2158 4204

DEAKIN UNIVERSITY LIBRARY

I would like to apply for a Deakin University Library membership.

MY CONTACT DETAILS ARE:

Family name: _____

First name: _____

Address: _____

_____ Email: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Please select from one of the following: (Membership is only available to individuals. Corporate membership is not available).

Category	12 months	6 months
A. Standard membership	\$120.00 <input type="checkbox"/>	\$ 60.00 <input type="checkbox"/>
B. Mail Delivery membership	\$460.00 <input type="checkbox"/>	\$230.00 <input type="checkbox"/>
C. Overseas membership	\$240.00 <input type="checkbox"/>	\$120.00 <input type="checkbox"/>
D. Alumni* - Australia membership	\$ 90.00 <input type="checkbox"/>	N/A
E. Alumni* - Overseas membership	\$180.00 <input type="checkbox"/>	N/A

*Your Deakin University Alumni membership number is required to obtain this library membership.

My Deakin University Alumni Membership number is: _____

Submit this form with a cheque or credit card details at any campus library or send to:

Library Membership
Deakin University Library, Pidgons Road, Geelong, VIC, 3217
Fax (+613) 5227 2000

Cash payments or EFTPOS can be made in person on weekdays at the Cashier's office during business hours, at any campus. Note that cash payments cannot be made at the Library.

Please charge \$..... to my credit card MasterCard Visa
Cardholder's name _____ Card expiry ____ / ____

Card number

Signature of cardholder _____

I have read and understood the *Deakin University Library Conditions of Loan and Library Use*, available at:

www.deakin.edu.au/library/services/CondLnUse.php, and I agree to abide by the terms of borrowing.

I accept responsibility for any loss, damage or late return of items borrowed on my membership card. I understand that membership access to databases is personal, and not to be shared with other individuals.

(If you are under 18 years of age, you will need to have your parent or guardian sign this form on your behalf.)

Signature: _____ Date: / /

Deakin University is subject to the Information Act 2002 (VIC) and is committed to protecting your privacy. The personal information you agree to provide via this form will be used in relation to the provision of lending services, including mechanisms for the recording and payment of any outstanding debts in relation to overdue or lost items. You may access this information on request.

<i>Library use only</i>		<i>Place barcode here</i>	
Received by:			
Expiry date / /			
Ptype: _____			
Institution: _____			
Faculty: R			
Category: _____			
	Input date	Initials	
	Renewal date	Initials	

Staff Use Only

Items Borrowed at time of Application:

Call Number	Barcode
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