

Alumni Library Membership

MEMBER DETAILS

First name: _____

Family name: _____

Postal address: _____

Contact phone number: _____

Email address: _____

Please note: Your email address will be used for essential Library notifications, such as notice of overdue items and access to passwords. We may keep you up to date with Library news **with your permission only**.

Please tick the appropriate statement:

- I am interested in receiving email updates on the latest Library resources.
 I do not wish to receive correspondence from the Library, **except for essential notices**.

Student number: _____ Graduation year: _____

UOW qualification: _____ Faculty: _____

PAYMENT DETAILS

Please tick payment option:

- FULL YEAR** (A\$50.00) **HALF YEAR** (A\$25.00 current year July graduands only)
 CHEQUE made payable to *UniCentre*
 EFTPOS
 CREDIT CARD
 Bankcard Mastercard Visa

Card number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry: (MM/YY) _ _ / _ _

Card holder's name: _____

Card holder's signature: _____

<p>OFFICE USE ONLY:</p> <p><input type="checkbox"/> EFTPOS <input type="checkbox"/> Post Office <input type="checkbox"/> Cheque</p> <p>Barcode #:</p> <p>Membership #:</p>
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NOTE: Please submit this form with a copy of your driver's license or passport for identification purposes.

Submit your completed membership form and identification at the University of Wollongong Library or by
MAIL: Library Membership, University of Wollongong, NSW 2522
FAX: 02 4221 5663