



Membership Application

(This document will be a tax invoice for GST when you make payment)

OFFICE USE ONLY

Fee \$ _____

GST \$ _____

Total \$ _____

(Please Print)

Title *(please circle)* Dr Mr Mrs Ms Other *(please specify)* _____

Surname _____

Forenames _____

Address _____

_____ Postcode _____

Business Name _____

Address _____

_____ Postcode _____

Home Phone _____ Work Phone _____

Fax _____

Signature _____ Date _____

I agree to abide by the Membership Conditions

Borrower Number

Expiry Date

/ /

First membership

Renewal

Campus

Library Receipt Number

Cashier's Receipt Number

Send to your nearest campus library:

Hawthorn Campus Library
P.O. Box 218
Hawthorn Vic. 3122

Prahran Campus Library
144 High St
Prahran Vic. 3122

Lilydale Campus Library
Locked Bag 218
Lilydale Vic. 3140

Croydon Campus Library
12-50 Norton Road,
Croydon Vic 3136

Wantirna Campus
369 Stud Road
Wantirna Vic. 3152