



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 _____

Given Name(s) _____

Address _____

_____ Postcode _____

Business Name _____

Address _____

_____ Postcode _____

Contact Phone no. _____

Work Phone _____

Fax _____

Signature _____ Date _____

I agree to abide by the Membership Conditions

Borrower Number

Expiry Date

/ /

First membership ☐

Renewal ☐

Campus

Patron

Male ☐

Female ☐

Library Receipt Number

Cashier's Receipt Number

Send to your nearest campus library:

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

Croydon Campus Library
12-50 Norton Road
Croydon Vic. 3156

Wantirna Campus Library
369 Stud Road
Wantirna Vic. 3152