

Library membership form
WODONGA TAFE
Students

PLEASE PRINT CLEARLY

First name: Family name:

Student No.: t.....

Expiry date on student card:.....

Email address:

Address during semester:

Suburb / town: State:..... Postcode:

Home address (if different from above):

Suburb / town: State:..... Postcode:

Telephone – Home: Work:

Mobile:

Privacy Statement

The La Trobe University libraries are committed to protecting your privacy. The personal information you agree to provide via this form will be shared between the libraries 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 such information upon request at your Home Library.

I, the undersigned, agree to abide by the La Trobe University Library Regulations in relation to borrowing from available collections at participating libraries of La Trobe University.

Signature: Date:

Library Use Only

Barcode:

New member enrolment date: /..... /20..... Staff initials:

OR

Member renewal date: /..... /20..... Staff initials: