

UniSA Alumni Library Membership Application Form

UniSA Alumni may use this form to apply to gain access to the **Alumni Library Membership**

Please fill in the information requested and sign this application. Evidence of identity, such as drivers licence will be required if you collect your borrower's card.

By submitting this form you are agreeing to the following:

- To observe the library's [borrowing conditions](#)
- To observe the conditions of use of the selected databases. Failure to do so may result in your access privileges being withdrawn
- To notify the Library and the [Alumni and Development Office](#) if you change your contact details

Alumni Details

Photo ID sighted

UniSA Alumni Network card number :		
Family Name:	Given Name:	Title:
Postal Address:		
Post code		Phone 1:
Email:	Phone 2:	
Alumni Library Membership (\$33) <input type="checkbox"/>	Please indicate: <input type="checkbox"/> New application <input type="checkbox"/> Renewal	
Do you wish to borrow in person at a UniSA Library? If so, do you want your library card posted to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Payment Options

Please tick your payment option Credit Card Cheque Cash

Credit Card

Please debit my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card number: _____ / _____ / _____ / _____	
Card Expiry date: ____ / ____	
Cardholder name	
Cardholder signature	Today's date ____ / ____ / ____

Cheque

Please make your cheque payable to **University of South Australia**.

Fax/Post

After faxing/posting this registration form with payment, your library card will be posted to you if you have selected to borrow in person. Please allow 5 business days to process your application.

Databases

You will receive Usernames and Passwords for access to the selected databases. These will be sent via email within 5 business days.

I acknowledge that the above information is correct. I have read and agree to the Library's borrowing / access conditions.

Signed _____

Return this application by post or fax to:

Library Administration
University of South Australia Library
GPO Box 2471
Adelaide, South Australia 5001
Australia
Phone: 1300 137 659 Fax: +61 8 8302 3746

Library use only

<input type="checkbox"/> Library record Date __ / __ / ____	<input type="checkbox"/> Library card issued Date __ / __ / ____
<input type="checkbox"/> Payment received Date __ / __ / ____	<input type="checkbox"/> Access email sent Date __ / __ / ____
<input type="checkbox"/> Receipt issued Date __ / __ / ____	Staff name _____ Campus _____