



Library Membership Application

Those wishing to borrow and make use of resources and facilities of the Great Stupa Library must first register to become a member of the Library. Please fill out and submit this form to Library staff to arrange access.

Please use CAPITAL letters to fill in form.

| | | | |
|-----------------------|--------------------|---|------------------|
| _____ | _____ | _____ | _____ |
| <i>TITLE</i> | <i>FIRST NAME</i> | <i>MIDDLE INITIAL</i> | <i>LAST NAME</i> |
| _____ | | _____/_____/_____ | |
| <i>PREFERRED NAME</i> | | <i>DATE of BIRTH (day, month, year)</i> | |
| _____ | _____ | | |
| <i>STREET NO.</i> | <i>STREET NAME</i> | | |
| _____ | _____ | _____ | _____ |
| <i>CITY</i> | <i>STATE</i> | <i>POST CODE</i> | |
| _____ | _____ | | |
| <i>HOME PHONE</i> | <i>HOME EMAIL</i> | | |
| _____ | _____ | | |
| <i>WORK PHONE</i> | <i>WORK EMAIL</i> | | |
| _____ | _____ | | |
| <i>OTHER PHONE</i> | <i>FAX</i> | | |

I apply for membership of the Great Stupa Library. I undertake to conform to the Library's regulations as expressed in the *Membership & Loans Policy* available from <http://www.stupa.org.au/library/>.

| | |
|------------------|-------------------|
| _____ | _____/_____/_____ |
| <i>SIGNATURE</i> | <i>DATE</i> |

OFFICE USE ONLY

TYPE OF I.D. SIGHTED..... SIGHTED BY WHOM..... DATE.....

NEW KOHA PATRON NUMBER.....

NEW LIBRARY CARD NUMBER.....

NOTES.....