

BORROWER REGISTRATION FORM

PLEASE PRINT CLEARLY

STAFF	STUDENT: MED <input type="checkbox"/> NURS <input type="checkbox"/> OTHER <input type="checkbox"/>
NAME _____	NAME _____
POSITION _____	STUDENT ID _____
DEPT/WARD _____	UNDERGRAD 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> Other _____
WORK PHONE _____ PAGER _____	POSTGRAD Masters <input type="checkbox"/> PhD <input type="checkbox"/> Hons <input type="checkbox"/>
INSTITUTION: ALFRED <input type="checkbox"/> CAULFIELD <input type="checkbox"/> SANDRINGHAM <input type="checkbox"/>	INSTITUTION _____
BAKER IDI <input type="checkbox"/> BURNET <input type="checkbox"/> MONASH <input type="checkbox"/>	COURSE _____

HOME/POSTAL ADDRESS _____

SUBURB _____ STATE _____ POST CODE _____

MOBILE _____ E-MAIL _____

EMAIL ADDRESS NECESSARY FOR RENEWAL REMINDER NOTICES

CREATE PIN FOR ONLINE RENEWALS ETC. _____ (4-8 CHARACTERS, ALPHA NUMERIC, **CASE SENSITIVE**)

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE LIBRARY

SIGNATURE _____ **DATE** _____

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