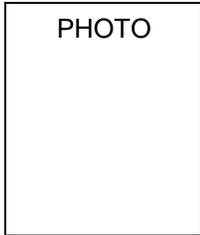


ALUMNI LIBRARY MEMBERSHIP FORM

NOTE: Please attach this form with 1 passport-sized photograph and submit to the Loans Counter on Level 1.
You will be required to show your payment receipt for reference.



FAMILY NAME					
FIRST NAME					
MIDDLE NAME					
TITLE	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr/Associate Prof/Prof
IC NO. /PASSPORT NO.					
ID CARD NO (Please provide previous Monash ID card No If any)			GRADUATION YEAR : MONASH UNIVERSITY : _____ CAMPUS		
ADDRESS (CORRESPONDENCE)				POSTCODE	
ADDRESS (PERMANENT)				POSTCODE	
ADDRESS (COMPANY)				POSTCODE	
TELEPHONE	HOME	MOBILE		OFFICE	
EMAIL					
I _____ agree to the Community Use Rules of the Library and Learning Commons. If an item is damaged or lost, I agree to pay the fines, processing fees and cost of the item(s).					
SIGNATURE OF APPLICANT			DATE		

FOR LIBRARY USE ONLY			
MONASH RECEIPT NO.			DATE:
CERTIFIED BY			
REGISTRATION		REQUEST FOR TERMINATION	
Remarks:	Remarks:		
Approved by:	Approved by:		
_____ Director, Library and Learning Commons	_____ Date	_____ Director, Library and Learning Commons	_____ Date