

STAFF MEMBERSHIP FORM

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/ Assc .Prof./Prof.	
DESIGNATION			
DEPARTMENT			
STAFF CARD ID			
STATUS	FULL TIME		SESSIONAL STAFF
	Validity: _____ to _____		
IC NO. / PASSPORT NO.			
ADDRESS (CORRESPONDENCE)			POSTCODE
ADDRESS (PERMANENT)			POSTCODE
TELEPHONE	HOME :	MOBILE :	EXT :
MONASH 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	
EXPIRY DATE OF MEMBERSHIP	
STAFF INITIALS	DATE:

REGISTRATION	WITHDRAWAL
Remarks:	Remarks:
Approved by:	Approved by:
_____ Director, Library and Learning Commons Date	_____ Director, Library and Learning Commons Date