

Veech Library Membership Form

Surname:	First Name:																														
Address:																															
Email:	Phone number:																														
Date of birth [DD/MM/YYYY]:																															
[Password will be UserDDMM]																															
User groups	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">A</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">CIS students (including GSC students) <u>SCD research students (home library CIS)</u></td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">CIS staff <u>Document delivery – ILL</u></td> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">SCD staff SCD research students (home library not CIS) Clergy, religious, former staff, courtesy <u>Subscription and alumni (\$75 p.a.)</u></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">SCD students not enrolled at CIS Institutional agreements</td> </tr> </table>	A	<input type="checkbox"/>	CIS students (including GSC students) <u>SCD research students (home library CIS)</u>	B	<input type="checkbox"/>	CIS staff <u>Document delivery – ILL</u>	C	<input type="checkbox"/>	SCD staff SCD research students (home library not CIS) Clergy, religious, former staff, courtesy <u>Subscription and alumni (\$75 p.a.)</u>	D	<input type="checkbox"/>	SCD students not enrolled at CIS Institutional agreements																		
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Declaration: I confirm that I have read and agreed to the library conditions of membership																															
Signature:																															
Office Use																															
Not previously a member: <input type="checkbox"/>	Date joined:																														
ID sighted: <input type="checkbox"/>	Staff initial:																														