Veech Library Membership Form

First Name		Surname:	
Address:			
Email:		Phone number:	
Date of birth [DD/MM/YYYY]:		**[Password will be 'UserDDMM']**	

User groups	CIS	☐ Undergraduate ☐ Postgraduate ☐ Research
	Staff	☐ Academic ☐ General
	Alumnus	☐ Clergy, religious, former staff, courtesy ☐ Alumni
	Reciprocal	☐ SCD Staff/Students ☐ ACU Strathfield ☐ NDA ☐ Australian Lonergan Workshop
	Community	☐ Audit & Community Ed. ☐ Subscription ($75 p.a.) ☐ Organisation
Statistical categories	Seminarians	☐ Augustinian Seminary ☐ Redemptoris Mater Seminary ☐ Seminary of the Good Shepherd ☐ Holy Spirit Seminary (Parramatta Diocese) ☐ Other
	Institutional	☐ UTC (GSC) New Zealand ☐ Vianney College
	SCD	*Please list institution.*

Declaration: I confirm that I have read and agreed to the library conditions of membership.	
Date:	Signature:

Office Use Only	
Not previously a member: ☐	Date joined:
ID sighted: ☐	Staff initial: