

Borrower Registration Form

Miss
 Mr
 Mrs
 Ms
 Dr
 Prof
 A Prof

Surname, First name:

Address:

Postcode:

Telephone:

Email:

#PIN:

(4 digits)

Institution/School:

Staff
 U/Grad
 P/Grad
 Alumni
 Associate
 High School

I will abide by all Library conditions of use and policies, and will pay any charges connected with overdue, lost or damaged material. See Library Use Policy and Borrowing online.

Signed:

Date:

Under 18 years of age - parental consent

As the parent/guardian of the above signed applicant, I will abide by all Library conditions of use and policies, and will pay any charges connected with overdue, lost or damaged material.

For information see Community Members online.

Signed:

Date:

Staff Use Only:

Date:	B-Type:	*Expiry date:	Card barcode:	*Fee:	Paperwork sighted: YES / NO
	B-Stat:	SMS:	Borrower no:	Receipt no:	Staff initials:

*Expiry dates and fees for B-Types NBS, CB, CBA, CBS, CBT, COR only.