

Student Membership Request

The Learning Place

(Department of Education & Training)

Student Number:

Family Name:

Given Name:

Preferred Name:

Gender:

Male / Female

Date of Birth:

JCU email address:

Phone Number:

Blue Card Number

Expiry Date

SIGNATURE

DATE

Upon completion of this membership request form please return to:

Christine Bird
College of Arts, Society & Education
caseacadserv@jcu.edu.au