# ACT HEALTH LIBRARY

The Canberra Hospital  
PO Box 11 Woden ACT 2606  
http://tch.anu.edu.au

## LIBRARY MEMBERSHIP FORM

<table>
<thead>
<tr>
<th>Name/Organisation</th>
<th>……………………………………………………………………………………………………………………………...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Address</td>
<td>……………………………………………………………………………………………………………………………...</td>
</tr>
<tr>
<td>Home Address</td>
<td>……………………………………………………………………………………………………………………………...</td>
</tr>
<tr>
<td>Postcode</td>
<td>……………………………………………………………………………………………………………………………...</td>
</tr>
<tr>
<td>Phone</td>
<td>……………………..(W) ……………………………(H) ………………………………(m)</td>
</tr>
</tbody>
</table>
| Fax               | ……………………………….
| Joining Date      | ……..:/……/……….. |

### Membership fee

- ☐ $100 personal membership
- ☐ $440 corporate membership  
  (including GST)

#### Membership fee includes:

- Borrowing rights  
- Access to networked databases (in the Library only)

#### Optional fee based service:

- Literature search - $20 each  
- Document Supply Service – cost recovery service  
- Email items $10 each

Payment by cash or cheque.

Cheques should be made out to: **ACT Health Library**

I understand my entitlements as a member of the Library and that I should carry my membership card whilst in the Library. I am aware that I am not entitled to after hours access to the Library and I agree to replace any borrowed material lost or damaged by me.

| Signature: | …………………………………. | Date: ……./……/……….. |

Any inquiries should be directed to the Library Director on 6244 2588

**For Library use only:**

Payment : CASH / CHEQUE no. ………………………………………………………………………………………………….

EXPIRY DATE : ……………………………………………………………………………………………………………….