



1. APPLICATION DETAILS

APPLICANT DETAILS

Title _____ First name _____ Last name _____

Date of birth [] [] / [] [] / [] [] [] []

I have previously been a Member of ALIA, and joined _____ ALIA Membership no. [] [] [] [] [] []

CONTACT DETAILS

Address _____

Town/Suburb _____ State _____ Postcode _____ Country _____

Home phone _____ Email 1 _____

Mobile _____ Email 2 _____

EMPLOYMENT DETAILS

Employer _____

Position _____ Work phone _____

SECTOR DETAILS

- Archives LIS Educator School Special — Other
 Consultant Museums Special — Association/NFP Student
 Galleries National / State / Territory Special — Corporate TAFE/VET
 ICT Parliamentary Special — Government Unemployed
 Industry Partner/Vendor Public Special — Health University
 Knowledge Records Management Special — Law

PERSONAL MEMBERSHIP CATEGORY (PLEASE SELECT ONE ONLY)

- Associate Library Technician Student General

QUALIFICATIONS

Associate or Library Technician applicants must attach copies of ALIA accredited qualifications.

I am a student undertaking an ALIA accredited course

Institution name _____ Student no. _____

Full name of course _____ Year expected to complete _____

PERSONAL MEMBERSHIP FEES

Table with 3 columns: FEE TYPE, Description, ANNUAL FEE (INC GST). Rows include Full, Reduced/New Graduate, Student, Retired, and Life membership.

Membership runs for 12 months from date of application. Overseas resident is GST free.



INCITE MAGAZINE

Receive *INCITE* magazine: In print and online **OR** Online only

Student Members and overseas residents receive *INCITE* online only.

Our scholarly journal, *JALIA*, is published through Taylor & Francis. ALIA Members are entitled to receive discounted rates for the journal; please contact journals@tandf.com.au if you would like to arrange a subscription.

2. PAYMENT METHOD

PAYMENT DETAILS

Membership fee (as selected on previous page) \$ _____

Voluntary donation to ALIA Research Fund (tax deductible for donations over \$2) \$ _____

TOTAL (\$AUD) \$ _____

- I enclose a cheque for the total amount shown above **OR**
- Please debit my credit card for the total amount shown above **OR**
- Please debit my credit card for the total amount shown above in 12 x monthly installments

Credit card type: Mastercard VISA

Card no. - - - Expiry date / CVV

Name on card _____ Signature _____

EFT Direct Deposit Payment Details
Bank: Commonwealth Bank of Australia
Acc Name: Australian Library & Information Association BSB: 062 905 Acc Number: 1008 2198
Swift code: CTBAAU2S (required for overseas transactions)
Remittance email: finance@alia.org.au
Please quote First and Last name when making payment.

BILLING CONTACT

Title _____ Given name _____ Family name _____

Position _____

Direct phone no. _____ Direct email _____

3. DECLARATION

I hereby apply for election as a Member of the Australian Library and Information Association and certify that to my knowledge my application fulfils the necessary requirements. I undertake to observe the Constitution of the Association (available at www.alia.org.au) and agree to Clause 7.10.

Name _____

Signature _____ Date / /

PRIVACY

In accordance with ALIA's information handling policy, any personal information provided on this form will be used by ALIA only for purposes directly related to your membership of ALIA, including notifying you of ALIA's functions and activities. We acknowledge that ALIA will not disclose your personal information to third parties, except to a service provider for the sole purpose of performing an activity on behalf of ALIA. ALIA will use all reasonable efforts to ensure that the recipient handles your personal information in accordance with appropriate privacy principles. Your prior consent will be sought for any other proposed disclosure.

PLEASE COMPLETE & RETURN TO:

Member Services
Australian Library and Information Association

EMAIL membership@alia.org.au
POST Reply Paid 6335, Kingston ACT 2604
FAX 02 6282 2249

www.alia.org.au