

ALIA PROFESSIONAL ALLIED FIELD MEMBERSHIP APPLICATION FORM 2018/2019

1. APPLICANT DETAILS First name Last name Date of birth I have previously been a Member of ALIA, and joined ______ ALIA Membership no. **CONTACT DETAILS** Address ___ ______ State _____ Postcode _____ Country ____ Town/Suburb ___ Email 1 Home phone ___ ___Email 2 ___ Mobile _ **EMPLOYMENT DETAILS** Employer ___ Work phone Position ___ SECTOR DETAILS Archives LIS Educator School Special — Other Consultant Museums Special — Association/NFP TAFE/VET National / State / Territory Galleries Special — Corporate University ICT Parliamentary Special — Government Public Special — Health Industry Partner/Vendor Special — Law Records Management Knowledge Management **QUALIFICATIONS** Institution name __ Year conferred Full name of course ___ Please also attach copies of your qualifications. **RFFFRFF** LIBRARY AND INFORMATION SCIENCE EMPLOYER REFEREE CONTACT DETAILS Referee name Position Organisation __ Contact email __ Contact phone __ PERSONAL MEMBERSHIP FEES FEE TYPE ANNUAL FEE (INC GST) Gross income for the financial year exceeds \$34,600 Full \$349.00 Reduced Gross income for the financial year is \$34,600 or less and Health Care Card holders \$199.00

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

Life membership

\$4,499.00

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INCITE MAGAZINE	
Receive INCITE magazine: In print and online OR Online only	
Overseas residents receive INCITE online only. Our scholarly journal, JALIA, is published through Taylor & Francis. ALIA Members are entitled to receive discouwould like to arrange a subscription.	unted rates for the journal; please contact journals@tandf.com.au if you
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 inc GST)	\$
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 inste	allments
Credit card type: Mastercard VISA	
Card no	Expiry date / CVV
Name on card	Signature
BILLING CONTACT	
Title Given name Fami	ily name
Position	
Direct phone no Direct email	
3. DECLARATION	
I hereby apply for election as a Member of the Australian Library and Information application fulfils the necessary requirements. I undertake to observe the Constitut and agree to Clause 7.10.	
Name	
Signature Date [
PRIVACY	this form will be used by ALIA and for a surrence of the all
In accordance with ALIA's information handling policy, any personal information provided on related to your membership of ALIA, including notifying you of ALIA's functions and activities. Information to third parties, except to a service provider for the sole purpose of performing an	We acknowledge that ALIA will not disclose your personal

PLEASE COMPLETE & RETURN TO:

Member Services

other proposed disclosure.

Australian Library and Information Association

EMAIL membership@alia.org.au

POST Reply Paid 6335, Kingston ACT 2604

FAX 02 6282 2249

to ensure that the recipient handles your personal information in accordance with appropriate privacy principles. Your prior consent will be sought for any