



# 1. APPLICATION DETAILS

## PERSONAL DETAILS

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Preferred name \_\_\_\_\_ Date of birth   /   /      
 Address \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Home phone \_\_\_\_\_ Email 1 \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email 2 \_\_\_\_\_

### EMPLOYMENT DETAILS (IF EMPLOYED)

Work address \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Work phone \_\_\_\_\_ Work email \_\_\_\_\_  
 Commencement date of employment   /   /      
 Full time  Permanent part time (No. of hours per fortnight \_\_\_\_\_)  Casual (No. of hours per fortnight \_\_\_\_\_)

### SECTOR DETAILS

<input type="checkbox"/> Archives	<input type="checkbox"/> Museums	<input type="checkbox"/> Special — Association/NFP	<input type="checkbox"/> TAFE/VET
<input type="checkbox"/> Consultant	<input type="checkbox"/> National / State / Territory	<input type="checkbox"/> Special — Corporate	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Galleries	<input type="checkbox"/> Parliamentary	<input type="checkbox"/> Special — Government	<input type="checkbox"/> University
<input type="checkbox"/> ICT	<input type="checkbox"/> Public	<input type="checkbox"/> Special — Health	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Industry Partner/Vendor	<input type="checkbox"/> Records Management	<input type="checkbox"/> Special — Law	
<input type="checkbox"/> Knowledge	<input type="checkbox"/> Retired	<input type="checkbox"/> Special — Other	
<input type="checkbox"/> Management LIS	<input type="checkbox"/> School	<input type="checkbox"/> Student	

### Educator PERSONAL MEMBERSHIP CATEGORY (PLEASE SELECT ONE ONLY)

Associate  Library Technician

## DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION

Please indicate that you have included each of the following documents.

- A certified copy of the qualification in library and information science
- A transcript of results including details of the marking system
- The syllabus of the course in library and information science
- Any further information or documentation on the course, including further subject descriptions, reading lists or other similar documents.
- A copy of qualifications that you hold (these may be in any other discipline)
- Resume
- Documentation on relevant employment
- Documentation on membership of relevant professional organisations
- Documentation on continuing education courses or training you have attended
- Information on any publications or reports you have written
- Copy of photographic identification (passport or driver's licence)
- If your qualification is in teacher librarianship, a copy of your recognised teaching qualification



QUALIFICATIONS

Please complete this section for the first qualification you received in Library and Information Sciences. If you have completed more than one qualification in library and information science, please attach a separate sheet giving your answers to the below questions — A to D.

A. NAME OF QUALIFICATION AND WHERE IT WAS AWARDED

Title of qualification \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

B. LENGTH OF COURSE

Years full time study \_\_\_\_ OR in semesters \_\_\_\_\_

Date commenced [ ][ ] / [ ][ ] / [ ][ ][ ][ ] Date completed [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Requirements for entry \_\_\_\_\_

Degree  Librarian  Library Technician  Other \_\_\_\_\_

Did you complete a thesis/dissertation/major research project as part of your course?  Yes  No  
Thesis title \_\_\_\_\_ Approximate length of words \_\_\_\_\_

What level of work does this course qualify you for?  Librarian  Library Technician  Other

C. WORKPLACE EXPERIENCE WITHIN THE COURSE

Work experience provider	Type of work	Dates of experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. ELECTRONIC RESOURCES AND INFORMATION TECHNOLOGY

Please describe the electronic information tools that you used in this course.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY

Please give details of your employment in the library and information sector.

Employer	Position	Dates of employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Duty statement of most recent position  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### CONTINUING PROFESSIONAL DEVELOPMENT

Please give details of any library and information professional development or continuing education courses or training that you have attended.

Course	Offered by	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Please list any relevant professional organisations in which you have been involved.

Organisation	Dates of membership
_____	_____
_____	_____
_____	_____

### PUBLICATIONS OR PROFESSIONAL REPORTS

Please provide details of publications or professional reports you have written on the library and information sector.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFEREE

Please give the name and contact details of a person familiar with your work in the library and information sector whom may be contacted for advice on the nature and level of your work experience in the library and information sector.

Name \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### PRIVACY

In accordance with ALIA's privacy 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 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.



## 2. PAYMENT METHOD

### MEMBERSHIP FEE

ALIA provides assessments only to current ALIA personal members. To join ALIA as a personal member, the cost is **\$349.00** for full fee (income for the financial year exceeds \$34,600), or **\$199.00** for reduced fee (income for the financial year is less than \$34,600).

### ADMINISTRATION FEE

A one-off administration fee of **\$360.00** for all widened eligibility assessment applicants. The fee covers the assessment process and the issuing of a certificate if successful. This fee is non refundable.

### PAYMENT DETAILS

Full fee — \$349.00     Reduced fee — \$199.00

Membership fee	\$ _____
Widened eligibility assessment	\$ 360.00
TOTAL (\$AUD incl GST)	\$ _____

I enclose a cheque for the total amount as shown above    **OR**     Please debit the total amount to my credit card

Credit card type:     Mastercard     VISA

Card no.     —     —     —        Expiry date   /      CVV

Name on card \_\_\_\_\_    Signature \_\_\_\_\_

## 3. DECLARATION

I hereby apply for election as a Member, then the appropriate upgrade as a successful recognition applicant of the Australian Library and Information Association and certify that to my knowledge my applicant fulfills the necessary requirements. I undertake to observe the Constitution of the Association (available at [www.alia.org.au/governance](http://www.alia.org.au/governance)) and agree to Clause 7.10.

Signature \_\_\_\_\_    Date   /   /

---

### PLEASE NOTE

The assessment process generally takes 10 to 12 weeks to complete when all required documentation is provided. It may be delayed if we do not receive copies of all necessary documents.

PLEASE RETURN THIS COMPLETED APPLICATION WITH COPIES OF YOUR QUALIFICATIONS TO:

Member Services, Australian Library and Information Association

EMAIL [membership@alia.org.au](mailto:membership@alia.org.au)

POST Reply Paid 6335, Kingston ACT 2604

FAX 02 6282 2249

[www.alia.org.au](http://www.alia.org.au)

9-11 Napier Close Deakin ACT 2600 | PO BOX 6335 Kingston ACT 2604 | ABN 40 090 953 236

phone 02 6215 8222 | fax 02 6282 2249 | freecall 1800 020 071 | [enquiry@alia.org.au](mailto:enquiry@alia.org.au) | ALIANational | @ALIANational