



1. APPLICATION DETAILS

ORGANISATION DETAILS

Organisation name _____

Address _____

Town/Suburb _____ State _____ Postcode _____ Country _____

Phone _____ Fax _____ Email _____

ORGANISATION REPRESENTATIVE

Title _____ Given name _____ Family name _____

Position _____

Direct phone no. _____ Direct email _____

Please note that the nominated representative can vote in ALIA elections and will also be sent our range of newsletters and information regarding ALIA services.

CORPORATE MEMBERSHIP TYPE

Gold — \$2,600

Silver — \$1,560

Bronze — \$780

Our organisation has previously been a Member of ALIA

Date previously joined _____

Please do not send printed copies of *INCITE*, we will access the magazine online

Prices are in \$AUD and include GST. Membership runs for 12 months from date of application.

Our scholarly journals, *AARL* and *ALJ*, are now published through Taylor & Francis. Discounted rates are available for ALIA Members, please contact journals@tandf.com if you would like to arrange a subscription.

PERSONAL MEMBERSHIP DETAILS

Depending on your Corporate Membership level*, please fill in the details for each Personal Membership holder below. If an individual's postal address differs from the corporate contact address, please attach it to this application.

MEMBER 1

Title _____ Given name _____ Family name _____

Position _____

Email _____ Phone _____

Date of birth / / I would like to receive *INCITE* magazine: By mail (hard copy) Online

MEMBER 2

Title _____ Given name _____ Family name _____

Position _____

Email _____ Phone _____

Date of birth / / I would like to receive *INCITE* magazine: By mail (hard copy) Online

* No. of Personal Memberships included with each Corporate Membership level: Bronze x 0 / Silver x 1 / Gold x 2.



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/money order 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 _____

BILLING CONTACT

Title _____ Given name _____ Family name _____

Position _____

Direct phone no. _____ Direct email _____

3. DECLARATION

This organisation undertakes to observe the Constitution of the Association (available at www.alia.org.au or on request from ALIA) and agrees 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