



THE WOMEN'S LIBRARY

MEMBERSHIP

May – October (6 months)

The Women's Library 8-10 Brown Street, Newtown. ABN: 41 769 220 943
 PO Box 271, Newtown. NSW. 2042 Ph: (02) 9557 7060
 www.thewomenslibrary.org.au library@thewomenslibrary.org.au

| MEMBER TO COMPLETE | | |
|--------------------------|-----|-----|
| Last Name: | | |
| First Name: | | |
| Address: | | |
| Postcode: | | |
| Email: | | |
| Phone: | Hm: | Wk: |
| Mobile: | | |
| Additional Contact Name: | | |

OFFICIAL USE ONLY



| ITEM | DETAILS |
|--------------|---------|
| Amount Paid: | |
| Receipt No: | |
| Member No: | |
| Donation: | |
| Total: | |
| Entered By: | |

| | | |
|--|----------------------------|------|
| | Lounge membership | \$10 |
| | Volunteer | \$10 |
| | Waged | \$25 |
| | Part Waged | \$18 |
| | Unwaged/University Student | \$15 |
| | School Student | \$13 |
| | Institution/Group | \$40 |

NEW MEMBERSHIP

MEMBERSHIP RENEWAL



VOLUNTEER FORM ATTACHED

DISTANCE/ DISABLED BORROWER (4 WEEK LOAN)

I heard about TWL via:

Work Uni/Tafe

Newsletter Friends

Event LOTL

Newtown Library Other _____

I support the aims of The Women's Library Inc and undertake to observe the library rules; make good the loss or damage to any items lent to me; notify any change of address; and observe provisions of the Copyright Act. I understand that loans may not be transferred and that the lending period is 2 weeks (4 for disabled or distance borrowers.) I understand that overdue items may result in the loss of any holding deposit.

SIGNED:.....Dated:.....

ID Type..... No.:

You will need to produce some form of identification to verify your name and address and/or concession status. If mailing this form please attach a copy of relevant documentation. Do not send original documents.