

MEMBERSHIP FORM LIBRARY

APPLICATION

Please return this completed form to the Library.

In person at the Library or via email library@drugarm.com.au

MEMBER DETAILS

Surname _____

First Name _____

Residential Address _____

Phone _____

Email _____

How did you hear about the Library?

- I work/volunteer with Drug ARM
- Referred by a Drug ARM Staff Member
- Referred by a Friend/Colleague
- Visited the Drug ARM Annerley Office
- Social Media
- Website
- Other

MEMBERSHIP OPTIONS

Which services of the Library would you like access to?

- Borrowing
- Online Catalogue
- Professional Development Blog
- Daily Newsletter

Please note you can unsubscribe at any time.

MEMBER DECLARATION

As a registered borrower of the library, I undertake to:

- Accept responsibility for items borrowed;
- Pay for or replace any item issued to me in the event of its loss or damage;
- Notify the library of any change to the details given on this form
- Comply with the copyright regulations as set out in the Copyright Act

Sign _____

Date _____

DONATION

Donations to our Library are greatly appreciated!

You can help facilitate access to trustworthy information on alcohol and other drugs and mental health by making a financial or in-kind gift to the Library.

Visit www.drugarm.com.au/donate or **Ask our Librarian** about making in-kind donations 07 3620 8820 or email library@drugarm.com.au