Division of Library Services
Membership Application

Personal Details (Please use block letters)
Surname: __________________________   Given Names:  _____________________ Title: _____________

Previous CSU staff or student? YES/NO   CSU ID (if known): __________________________

Alumni Applicants - Please complete the Online Registration Form

Renewing your membership? YES/NO   Birth date _______ / _______ / _______ (dd/mm/yy)

Address Details
Postal Address __________________________________________________________
________________________________________________________
Postcode _____________________

Email Address __________________________
____________________________________________________

Telephone: Home ___________________ Mobile ___________________ Business ____________

Joining Campus: ☐ Albury-Wodonga ☐ Bathurst ☐ Dubbo ☐ Orange ☐ Port Macquarie ☐ Wagga Wagga

Name of Institution
School/University/TAFE __________________________
☐ University Undergraduate ☐ School Teacher (NSW teacher current employment in any capacity at any NSW school)
☐ University Higher Degree ☐ School Student (senior)
☐ TAFE ☐ Community Member
☐ Staff (TAFE/University) ☐ School Teacher (VIC teacher currently employed in any capacity at any VIC school)

Declaration
I undertake to abide by the Conditions of Use of the CSU Card and borrowing as per the Charles Sturt University Library Rule.
I declare that the information I have provided is accurate and that I have not been excluded from using my home library or any of the other libraries. CSU may terminate my registration immediately should any of the information I have provided be inaccurate or I am in breach of the terms and conditions of borrowing.
I understand that CSU Library may check my registration details with my school/home library at any time and that CSU Library may send details of overdue material or monies owed at CSU to my school/home library.

Signature _________________________ Date ________________________

Personal information provided to the Library is protected by the Privacy and Personal Information Protection Act 1998 (NSW). Your information will only be used to provide library services to you including mechanisms for recording and payment of any outstanding debts in relation to overdue or lost items and not for any other purpose unless you give us permission to use it for another purpose.
You have a right of access to, and correction of, your personal information in accordance with the privacy legislation and CSU’s Privacy Management Plan.
Please direct any enquiries to CSU Library Coordinator, Flexible Delivery & Partnerships. Telephone: (02) 6338 6159.

Form submission
- Email to: libloans@csu.edu.au or bring in to the Library
### LIBRARY OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Category</th>
<th>Banner Code</th>
<th>Expiry Date (expires next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Undergraduate</td>
<td>LSUUG</td>
<td>28/02/________</td>
</tr>
<tr>
<td>University Higher Degree/Staff</td>
<td>LSUPG</td>
<td>28/02/________</td>
</tr>
<tr>
<td>TAFE</td>
<td>LSRTTO</td>
<td>28/02/________</td>
</tr>
<tr>
<td>School Student</td>
<td>LSSBN</td>
<td>30/11/________</td>
</tr>
<tr>
<td>Community</td>
<td>LSCBN</td>
<td>28/02/________</td>
</tr>
</tbody>
</table>

Identification sighted by (staff name) __________________________ Date ____________________________

- [ ] Senior Students – Schedule 1 from school agreement
- [ ] Institution ID
- [ ] Photo ID
- [ ] Other ______________

(initial & date for all)

<table>
<thead>
<tr>
<th>Finance emailed</th>
<th>Card and Form collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm Alma record</td>
<td>Statistical category added to Alma</td>
</tr>
<tr>
<td>FWAMGEN updated</td>
<td>Card and Welcome letter to client</td>
</tr>
</tbody>
</table>

### FINANCE OFFICE USE ONLY

- Email preferred: __________________________
- Banner ID Number: _______________________
- Barcode Number: _________________________
- Banner Record created (Initial & Date) ____________

### STUDENT CENTRAL OFFICE USE ONLY

- Talisma Interaction Number: ______________
- GPA card: ____________________________
- Card issued date: _____________________