## **Member Registration Form**



Surna	ime, First nam	ie:				Title	
Addre	ess:						
		Postcode:					
Telep	Telephone:						
Email	:						
		sociate Communit prrower Member	High School (Year 11-12)	Corporate Member	NBS (Other University) Please indicate:	<ul><li>U/Grad</li><li>P/Grad</li><li>Staff</li></ul>	
Instit	ution Name:						
Stude	ent ID:						
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Signe	d:			Date:			
As the charge	parent/guardiar es connected with	of age — parent/g n of the above signed app h overdue, lost or damag	olicant, I will abide by all			will pay any	
Parer	nt/Guardian C	ontact Details:					
Name	e:						
Telep	hone:						
Email	:						
Signe	gned:			Date:			
Staff	Use Only:						
	Date:	Category:	*Expiry date:	*Fee:	Relevant ID sight	ed:	
	PIN#	Statistical Category:	Card barcode:	Receipt no:	Staff initials:		

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<sup>\*</sup>Expiry dates and fees apply for Community Members and students from Other Universities only.