

Application for Library Membership of a

SESSIONAL STAFF MEMBER

LA TROBE UNIVERSITY: ALBURY-WODONGA CAMPUS

Please email this completed form to Helen Bartlett at
h.bartlett@latrobe.edu.au

To the Collections Delivery Services Coordinator,

Please register the following staff member as a sessional staff member with full staff privileges. Registration will expire at the end of the current year or earlier if an expiry date of contract is given below.

TODAY'S DATE	
TITLE	
SURNAME	
FIRST NAME	
STAFF ID	
DEPARTMENT	
CONTACT NO.	
EMAIL ADDRESS	
EXPIRY DATE	

[Please indicate] This staff member will / will not receive a University Staff ID card.

The staff member has been informed that they will need to visit the Library in person, with some form of photo ID, to complete this registration.

Name: _____

Head of Department (School) or nominated Administrative Officer

Signature: _____

[not necessary if sending via Departmental email]