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**YARRA LIBRARIES ORGANISATIONAL MEMBERSHIP APPLICATION**

**Membership Number:...........................................(Provided by the Library)**

**Name of Organisation...........................................................................................................**

**Type of Organisation ............................................................................................................**

**Address ...............................................................................................................................**

**Postcode……………………………………………………………………………………………**

**Contact email..................................................................................**

**Phone ....................................................... Fax .....................................................................**

**Name of Director/Principal: ..................................................................................................**

I ............................................. (name of Director) of ........................................... (name of

organisation) accept responsibility for items borrowed from Yarra Libraries on our organisational membership card. I acknowledge that I am responsible for any expenses incurred in regard to borrowing library materials (e.g. payment for lost or damaged items) and that organisational membership numbers may not be used for general access to the Library’s online databases, as this contravenes the licensing agreement.

**Signature) .......................................................... (Date) ......................................................**

**Names of Staff members authorised to use our organisational membership card for**

**………………… (**year):

\* NB: If more than one staff member is to have access to the card, we ask that the card be held at the loans desk at the library.

**Please specify (by circling) which branch is appropriate:**

Carlton

Collingwood

Fitzroy

North Fitzroy

Richmond

**STAFF NAMES (& Class Group, as appropriate)**

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LIBRARY STAFF MEMBER NAME SIGNATURE DATE

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