



LIBRARY MEMBERSHIP APPLICATION

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'Preparing People for Effective Christian Service'

MEMBER'S DETAILS

Surname..... Title.....
 First Name..... Second Initial.....
 Telephone (Home) (Mobile)
 E-mail
 Address
 Suburb..... Postcode

In order to help us improve our service, let us know how the resources in the Trinity Theological College Library will assist you, please indicated with X (and provide details):

- Student (non-TTC student), place of study: _____
- Ministry Worker, organization: _____
- Alumni, graduation year and degree details _____
- Trinity Trustee/Council Member
- Other – please specify _____

TYPE OF MEMBERSHIP *Please indicate with X on the one that applies:*

Alumni 5-year Membership \$100.00	General 5-year Membership \$350.00	General 1-year Membership \$100.00
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PAYMENT METHOD

Payment by: Cheque Cash Credit Card EFTPOS Bank Transfer

Name on Credit Card: _____

Card Type: Visa Mastercard Expiry Date: /

Card Number: / / /

Signature: _____ Date: _____

Internet Bank Transfer: **BSB 086-006, Account No.: 55-991-6706**

For bank transfer, please state clearly in the Reference as your name, Library Membership.

All personal information on this form is for Trinity Theological College use only.

Office Use

Rec #

Date: .../.../....

By: