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Queen's University Belfast Library Associate Membership

RENEWAL (Personal)		APPLICATION FOR <u>PERSONAL ASSOCIATE</u> MEMBERSHIP	
Name:	(Prof/Dr/Mr/ Mrs/ Ms)		
Address:			
		Postcode:	
Telephone No: (Home)		Telephone No: (Work/Mobile)	
E-Mail Address:			

NB: Membership of the Library does not include off-campus access to electronic resources and only restricted access via QCAT is available on-campus.

I wish to register as a personal associate member of Queen's University Library. I certify that I shall not be using the Queen's University Library for commercial or professional purposes and agree to abide by the library regulations.

Signature: Date:

I enclose a cheque for **£40** annual subscription (QUB Graduates):

I enclose a cheque for **£65** annual subscription (Others):

Credit/Debit Card payment may be made at any Issue Desk or alternatively phone Associate Membership Service. (Contact details below)

Cheques should be made payable to: **Queen's University Belfast** and sent along with application to:

Queen's University Belfast
Associate Membership Service
Medical Library
Mulhouse Building
Royal Victoria Hospital
Grosvenor Road
BELFAST BT12 6DP

Tel: 028 90632695 / 90255010
Fax: 028 90635038 / 90255400
E-mail: fbs@qub.ac.uk

Payment rec'd by:
