



FOR OFFICE USE ONLY

Issued by:	Borrower Number:	Expiry Date:
------------	------------------	--------------

Queen's University Belfast Library Associate Membership

NEW (Professional)	APPLICATION FOR <u>PROFESSIONAL ASSOCIATE</u> MEMBERSHIP		
Name of Organisation:			
Address:			
		Postcode:	
Telephone No:			
E-Mail Address:			
Name of Contact Person:			

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 professional associate member of the Library at Queen's University Belfast and agree to abide by the library regulations:

Signature: Date:

I enclose a cheque for £130 annual subscription:

I enclose a cheque for £115* annual subscription:

*Discounted rate available to members of RSUA and ICE.

BACS - Companies wishing to pay by BACS please quote reference: 5313 T9057UIR		
Bank Name & Branch:	Ulster Bank, 91-93 University Road, Belfast BT7 1NG	
Sort Code: 980155	Account No: 30090092	Account Name: QUB General

Credit/Debit Card payment can also be made by contacting Associate Membership Service directly.

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:
