

FOR OFFICE USE ONLY Expiry Date:

## Queen's University Belfast Library Associate Membership

RENEWAL (Professional)	APPLICATION FOR <u>P</u>	APPLICATION FOR PROFESSIONAL ASSOCIATE 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 <u>QCAT</u> 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	ter Bank, 91-93 University Road, Belfast BT7 1NG			
Sort Code: 980155	Account No: 30090092	Accou	int Name: QUB G	eneral	

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