

## ULANZ MEMBERSHIP RECIPROCAL BORROWING

Please fill out in BLOCK LETTERS:

APPLICANT				
Surname		First Name		
Home Address				
Phone Number				
Work Address				
	_			
Phone/Ext.				
Email Address				
I agree to abide by the AUT Library regulations (http;//www.aut.ac.nz/library)				
	Macions (11ccp,,,, 111111.ac			
Applicant Signature			Date	-
Library Authorisation Signature			Date	-
AUT USE ONLY				
Home Institution ID	Card number	E	expiry Date	
Personal Photo Identification				
AUT Library Registration	Expiry Date			
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Staff				
Postgraduate				
Undergraduate				
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