## **Visitor Application**

## Application for Membership of the Learning Resources Centre/Library

1 Personal	Details				
Name:	Address:				
Telephone number:					
Email address:	Date of birth:				
	rstood the conditions under which I may use the Learning Resources g for this membership pass I agree to abide by them.				
3 Members	ship categories: Tick relevant type				
Reference					
Associate					
Alumnus*	*UOB ID number				
Local School REF	Details overleaf				
SCONUL: take detai	Is from Sconul approval (email/card)				
Band A					
Band B	Tick ONE only				
Band C					
Band B	Reference Card				
Sconul expiry date:					
Home university nar	ne:				
Home university ID	number:				
4 CS Desk	checks				
Sierra check (by nam	ne or ID if alumnus) Payment amount <b>£</b> *if applicable				
Photo	card / cheque / cash (select one)				
Signed card					
Proof of ID					

Office Use Only	y: ent	ter dates bel	.ow		
Entered on atypical databas	e:				
Atypical ID reference numb	er:				
Expiry date on database:					
Barcode number: *a					
Expiry date checked/ameno	ded as:				
Approved & email sent:					
Additional notes/Sierra me	ssage:	•			
	1				
SCONUL members only	If acces	ss is revoked			
Reason:					
11003011.					
Date:					
	ļ				
Local School D	etail	s & author	sation		
Local School D	Cuali				
School/college:				Offical school stamp	
,				Offical School Starrip	
Address:					
Authorising signature:					
Authorising signature:		<del></del>			
Print name & postion:					