



The University of Sydney

**Membership of the University of Sydney Faculty of Health Sciences Graduates Association**

- I am registering as a lifetime Member of the University of Sydney Faculty of Health Sciences Graduates Association. My \$50 fee is enclosed. Cheques payable to Faculty of Health Sciences Graduates Association
- I am entitled to FREE membership (valid for one year only) of the Health Sciences Library – valued at \$80 per year when I join the Association
- I will be eligible to apply for the grant for postgraduate study.

Name: (Title, First Name, Surname) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Student Number: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Award \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Award \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Award \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**FREE LIBRARY MEMBERSHIP – ONE YEAR’S MEMBERSHIP**

Name: (Title, First Names, Surname) \_\_\_\_\_

Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to abide by all rules and regulations of the Health Sciences Library. I have enclosed a passport sized photograph.

Return Address:  
Alumni Office  
Faculty of Health Sciences  
75 East Street  
Lidcombe NSW 2141

Receipt Number