Library Services, Department of Health Library
Membership Application Form

Surname __________________________________________

Given Names _______________________________________

HE Number HE _______________________________________

Health Service □ DoH □ Other: _______________________

Position __________________________________________

Work Address _______________________________________

________________________________________

________________________________________

Work E-mail ______________________________@health.wa.gov.au

Alternate Telephone __________________________________

DECLARATION
I agree that any electronic requests for copying, from me to Library Services, bearing my personal identification number, are deemed to be personally signed by me for the purposes of the declaration required pursuant to sub section 49(1) of the Copyright Act 1968.

I acknowledge that the Library does not give any authorisation for its materials to be copied or distributed.

I understand and accept that I cannot use the Journal Article Request form without entering my personal identification code, and agree to affix this code to all electronic mail requests, and to safeguard and keep my personal identification code confidential.

I acknowledge that I may be held personally liable for any breach of the Copyright Act in respect to false or misleading declarations under sub section 49(1)(b) for any electronic requests which bear my personal identification number (PIN).

I also acknowledge that I am responsible for all items borrowed and that I will be charged for lost, overdue or damaged items.

Signature: ___________________________ Date: _______________________

Please email, post or fax the completed agreement to:-
Librarian Ph: (08) 9222 4313
Department of Health Fax: (08) 9222 4343
Ground Floor B Block Email: doh.library@health.wa.gov.au
189 Royal Street
EAST PERTH WA 6004