

To join the Guild fill out the application form below and submit it at Contact, Upper Agora West, La Trobe University Bundoora.

La Trobe University Guild 2009 Membership Form



Membership Details

Student Number	<input type="text"/>		
Staff Number	<input type="text"/>		
First Name	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>		
Post Code	<input type="text"/>		
Home Phone	<input type="text"/>	Mobile	<input type="text"/>
E-mail Address	<input type="text"/>		

Agreement and Privacy Release

I voluntarily agree to pay a fee to become a member of La Trobe University Guild (Incorporating BSA Inc., or WSA Inc.),

and I consent to the disclosure of my **personal information** from the Student Information System for the La Trobe University Guild membership database.

Optional (*Postgraduate Students only – please tick box*), I voluntarily agree additionally at no cost to become a member of La Trobe University Postgraduates Association (LUPA Inc.),

Signature: **Date:**

Guild Membership Number
Number

Receipt

Office Use Only: Updated to database by: _____ Date: _____