

La Trobe University Guild 2008 Membership Form S2



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

Receipt Number