

ASSOCIATE MEMBER

Application to register as an Associate Member

Please bring your completed form to the Welcome Desk on the Ground Floor of the University Library between 09:00–17:00 Monday to Thursday, or 10:00–17:00 Friday.

If you are unable to visit the Library between these times, please email us at library@reading.ac.uk to make other arrangements.

1 YOUR PERSONAL DETAILS (Please complete all fields, using BLOCK CAPITALS)

Last name

First names

Title

University of Reading username

Local residential address

Home / mobile telephone

2 ABOUT YOUR APPLICATION

University of Reading department

University of Reading visiting / courtesy title
or purpose of visit

End date of visit

Home institution of the applicant (if applicable)

Contract start and finish date (for Sessional Lecturers only)

Please turn over

3 SPONSORSHIP (to be completed by Head of Department)

Declaration

I confirm that the above details are correct. Please extend borrowing rights to the applicant. If necessary I will assist in the process of retrieving any debts owed by the applicant to the University. I understand that the School / Department book fund will be invoiced to cover the cost of replacing items of Library stock if they fail to honour the debt.

Signature of Head of Department

Print name

Date

4 YOUR DECLARATION (please sign)

I understand that I may use the Library only if I comply with the Library Rules. I will report any change of my registration details to Library staff.

In order for the University of Reading Library to supply you with Library services we will need to send you email messages or contact you by telephone regarding the use of your account. I understand that the University of Reading Library will contact me in these ways.

I have read the University of Reading Library's privacy notice and I understand the University of Reading Library will use my personal data in order to supply me with library services and to use such data to inform the collections work of the University Library subject to the General Data Protection Regulations 2016 and the Data Protection Act 2018.

Signature of applicant

Date

FOR OFFICE USE

Have you checked

Authorised by

University username?

All mandatory fields completed?

Copy of letter of award attached / checked

Date

Currently registered under another category?

Card produced by

Date

Card registered by

Date

Card number

Expires

RISIS / Trent / Contract number

REPLACEMENTS / RENEWALS

Authorised by

Fee paid?

Date

Expires