

**CONSENT TO BE AN INDIVIDUAL MEMBER  
of the  
AUSTRALIAN AND NEW ZEALAND THEOLOGICAL  
LIBRARY ASSOCIATION LIMITED**

To: The ASSOCIATION

I, ..... consent to be a member of the Association.

Full Name:

Address:

Phone:

Email:

Library/Institution:  
(if applicable)

I agree to be bound by the Constitution of the Australian and New Zealand  
Theological Library Association Limited

Signature: .....

Date: .....

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Send completed  
form to:

Wendy Davis (ANZTLA Secretary)  
Adelaide Theological Library  
34 Lipsett Tce,  
Brooklyn Park SA 5032  
AUSTRALIA

Fax: +61 3 8 8416 8410