

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

To: The ASSOCIATION

..... consents to be a member of the Association.
(Organisation Name)

Organisation Name:

 Address:

 Phone:

 Email:

Nominated Representative details

Name:

Address:

Phone:

Email:

..... agrees to be bound by the Constitution of
(Organisation Name)
the Australian and New Zealand Theological Library Association Limited

Signature of nominated representative:

Date: