New Borrower & PIN Registration

PMH Medical Library
PO Box D184, Perth WA 6840
Tel: (08) 9340 8464 Fax: (08) 9340 7441
Email: pmh.library@health.wa.gov.au

Please print, fax or scan and forward the completed form to the Library

Surname

Given names

Position

HE number

Work address

Postcode

Home address

Postcode

Work phone

Home phone / Mobile

Preferred email

Global

Other

All copies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose, and have not previously been supplied to me by the Library & Information Service. I agree that any electronic requests for copying, from me to the Library & Information Service, bearing my personal identification number, are deemed to be personally signed by me for the purposes of the declaration required pursuant to sub section 49(1) of the Copyright Act 1968.

I also understand and accept that I cannot use the Journal Article Request form without entering my personal identification number confidential. I also acknowledge that I may be held personally liable for any breach of the Copyright Act in respect to false and misleading declarations under sub section 49(1)(b) for any electronic requests which bear my personal identification number.

Signature

Date

Library use

Library barcode

PIN

Sierra

HIN

PIN Notification

Endnote