****

**Library membership application form -** Free to join

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My registration details** | | | | | | |
| I am a Vision Australia client | | | YES  NO | | | |
| Title | | | Mr Mrs Ms Miss  Other | | | |
| First name | | |  | | | |
| Surname | | |  | | | |
| Property name (if applicable) e.g. nursing home | | |  | | | |
| Street address | | |  | | | |
| Suburb | | |  | | | |
| State | | |  | | | |
| Postcode | | |  | | | |
| Telephone number | | | ( ) | | | |
| Mobile/daytime phone | | |  | | | |
| Email address | | |  | | | |
| Date of birth (dd/mm/yyyy) | | | **/ /** | | | |
| **My alternate contact** | | | | | | |
| In case we have difficulty contacting you, please provide the details of an alternate contact, who doesn’t live with you. | | | | | | |
| Full name | | |  | | | |
| Telephone number | | | ( ) | | | |
| Email address | | |  | | | |
| **This is why I qualify for membership** | | | | | | | |
| I have a vision impairment | | | | |  | | |
| I have Dyslexia | | | | |  | | |
| I have a visual processing disorder | | | | |  | | |
| I have another perceptual disability. Please specify: | | | | |  | | |
| I am unable to hold print books | | | | |  | | |
| **How I would like to access content** | | | | | | |
| My preferred way to read is | | | | Audio  Braille  Both | | |
| English is not my first language. I would like reading materials in this language: | | | |  | | |
| **Wifi DAISY player** I would like to rent a wifi DAISY player because I have wifi at home. I will complete the **DAISY rental form**. | | | | YES  NO | | |
| **3G** **DAISY player**  I would like to rent a 3G DAISY player because I **don’t** have wifi at home. I will complete the **DAISY rental form** | | | | YES  NO | | |
| **Own player** I have my own player (smart phone, tablet, ipad, computer etc) and will access the online catalogue this way. | | | | YES  NO | | |
| **Library send me materials**  I will complete the enclosed **Reading Categories form** and the Library will choose materials for me | | | | YES  NO | | |
| **Select own materials**  I want to select my own reading materials online or over the phone, once I am a member. | | | | YES  NO | | |
| This is my preferred 4-8 character **password** to access the online catalogue | | | |  | | |
| **My referrer details** | | | | | | |
| To access this service you need a referral. We may contact your referee to certify that you are a person with a print disability.  A referrer may be a: diversional therapist, doctor, general practitioner, neurologist, nurse, nursing home staff, occupational therapist, ophthalmologist, optometrist, orientation and mobility instructor, orthoptist, physiotherapist, psychologist, public library staff, social worker, special education teacher, speech pathologist, Vision Australia staff member or welfare officer. | | | | | | |
| Title | |  | | | | |
| Full name | |  | | | | |
| Occupation | |  | | | | |
| Organisation | |  | | | | |
| Telephone number | | ( ) | | | | |
| Email address | |  | | | | |
| **Department of Veteran Affairs recipients only** | | | | | |
| If you are referring a DVA recipient please complete the above and below sections. DVA recipients **can only be referred** by a: local medical officer (GP), low vision clinic, specialist, optometrist or occupational therapist. | | | | | | |
| DVA Gold Card number | |  | | | | |
| Referrer provider no. | |  | | | | |
| Referrer signature | |  | | | | |
| Date | |  | | | | |
| **Or my alternate referral - travel card or BCA ID card** | | | | | |
| If you don’t have a referee, we will accept an official travel card as proof of eligibility. Or a Blind Citizens Australia (BCA) ID card up until 31 Dec 17. | | | | | | |
| Travel card no/BCA ID | |  | | | | |
| State and expiry date | |  | | | | |
| **Other information** | | | | | |
| Please provide any other information that may help us serve you better. | |  | | | | |
| **Privacy policy** | | | | | | |
| View our privacy policy online to see how we use your information:  www.visionaustralia.org/privacy-terms-and-conditions/privacy | | | | | | |
| **Member Charter and Terms & Conditions** | | | | | | |
| View online the Member Charter and Terms & Conditions: www.visionaustralia.org/living-with-low-vision/library/join-the-library | | | | | | |
| **My consent** | | | | | |
| I declare that all the information provided in this application is correct. I understand and agree to all the **Terms and Conditions** enclosed. | | | | | |
| Signature |  | | | | |
| Date |  | | | | |
| **Consent of my parent/guardian (if applicable)** | | | | | |
| If you are under 16 years old your parent/legal guardian must complete the below details and sign the consent for you. | | | | | |
| Full name of parent /legal guardian |  | | | | |
| Relationship to applicant |  | | | | |
| Telephone number | ( ) | | | | |
| Date |  | | | | |
| **Return this application form to** | | | | | | |
| **Vision Australia Information Library Service**  PO Box 1047, HAWTHORN VIC 3122  Telephone: 1800 005 965  Fax: (03) 9864 9677  Email: [librarymembership@visionaustralia.org](mailto:librarymembership@visionaustralia.org) | | | | | | |
| **Reading categories form** | | | | | | |

To have your reading materials automatically sent to you, please select your preferred reading categories. Call us if you need an explanation.

**Please don’t send me**

Sexual content  Coarse language Violent content

**Action, Mystery, Crime, War   
(select all)**

Adventure Non-Fiction

Adventure Fiction

Crime Fiction

Crime Non-Fiction

Detective and Mystery Fiction

Legal Fiction

Maritime Non-Fiction

Medical Fiction

Political Fiction

Sea Stories

Spy Fiction

Suspense Fiction

War Fiction

War Non-Fiction

Westerns

**Australia (select all)**

Australian Fiction

Australian History

Australia Non-Fiction

Indigenous Fiction

Indigenous Non-Fiction

Outback Australia

Poetry, Australian

Politics, Australian

**Autobiography, Biographies (select all)**

Autobiography

Biographical Fiction

Biography

Biography - Arts

Biography - Australian

Biography - Blind

Biography - Disabled

Biography - Medical

Biography - Military

Biography - Music and Musicians

Biography - Politicians and Statesmen

Biography - Religion

Biography - Royalty

Biography - Science

Biography - Sports

Biography - Stage and Screen  Biography - Writers

**Countryside, Animals, Sport, Humour (select all)**

Animal Stories

Country Life Fiction

Country Life Non-Fiction

Sport and Recreation Activities

Sport and Recreation Fiction

Wit and Humour Fiction

Wit and Humour Non-Fiction

**Families, Romance Fiction (select all)**

Family Chronicles

Family Stories

Glamour Fiction

Historical Romance Fiction

Hospital Stories

Light Romance Fiction

Perceptive Fiction

Romance and Mystery Stories

Romance Fiction

**Fantasy, Horror, Sci-Fi, Supernatural (select all)**

Fantasy

Horror

Science Fiction

Supernatural Fiction

**History, Distant Lands**

**(select all)**

### American History

Ancient History

Ancient Historical Fiction

Asian History

European History

Great Britain Fiction

History

Historical Fiction

Language Instruction

Myths and Legends

Oral History

Travel and Culture

**Literature, Arts, Alternative Perspectives (select all)**

20th Century Literature

21st Century Literature

Classic Fiction

Drama

Esoteric Literature

Modern Women's Fiction

Music

Performing Arts

Philosophical Fiction

Poetry

Satire

Short Stories

**Mind & Body, Home & Work**

**(select all)**

Cookery

Computers and the Internet

Craft and Hobbies

Finance and Business Management

Gardening

Health Care

Home Management and   
 Pet Care

Inspirational Stories

Men’s Health

Paediatrics and Parenting

Science and Technology

Women’s Health

**Religious**

Religious Literature

**Personal, Social, Philosophical Perspectives (select all)**

Environment

Erotica

Essays

Feminist Fiction

Feminist Non-Fiction

Gay Fiction

Gay Non-Fiction

Language and Cultural Criticism

Lesbian Fiction

Lesbian Non-Fiction

Philosophy

Politics

Psychology

Psychological Fiction

Sociology

Vision Impairment

**Magazine subscriptions** (not braille) **(select all)**

Australian Geographic

Australian Women’s weekly

Choice

National Geographic

National Geographic NZ

New Idea

Reader’s Digest

Silicon Chip

The Monthly

Time Australia

Travel

Wheels

Your Garden (quarterly)

**Newspaper subscriptions**

(not braille)

When you are a member login to view the full list of newspapers:

i-accessonline.visionaustralia.org

Fixtures (braille available)

AFL

NRL

Cricket

**Vision Australia updates**

(not braille)

Your Library News

Your Vision Australia Roundup

**Government information**

Local council newsletter

Other? Please specify  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Reading Categories Form