



THE INFORMATION PROFESSIONALS Alumni Chapter Membership Form

The Information Professionals Alumni Chapter facilitates social, networking and professional development activities for QUT graduates. Through your participation we aim to strengthen links between QUT and library and information professionals.

Family Name

Given Names

Preferred Name

Home Address Details - *(Don't forget to fill in your name details above)*

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Business Address Details

Organisation: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

- I am an a QUT graduate (eligible for Full Membership)
 I am a current QUT student (eligible for Associate Membership)

Degree

Student Id (if known)

Year Graduated

- I am interested in joining as an Associate member
(Please tell us about your interest in joining the chapter)