



Centre for Addiction Research & Education
(A Division of DRUG ARM Australasia)

DRUG ARM Resource Centre
GPO Box 590 Brisbane QLD 4001
Phone: 07 3620 8824
FAX: 07 3620 8823
Email: library@drugarm.com.au

DRUG ARM RESOURCE CENTRE REGISTRATION FORM

Public

Title	Mr	Mrs	Ms	Dr	Other []
Surname					
First Name					
Home Address					
Postal Code					
Day Time Contact					
Mobile Tel					
Email					

As a registered borrower of the DRUG ARM Resource Centre, I undertake:

- to accept responsibility for items borrowed
- to pay for or replace any item issued to me in the event of its loss or damage
- to notify the Resource Centre of any change to the details given on this form
- to comply with the copyright regulations as set out in the Copyright Act

Signature: _____

Date: _____

Once completed, please mail to:

Membership
The Resource Centre
GPO Box 590
Brisbane QLD 4001

Please SIGN the CLIENT AGREEMENT over the page as well.

<i>Office Use Only</i>
<i>Special Notes</i>

Updated Feb 2008



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Client Agreement

– For document supply requests made by email –

The Resource Centre **MUST** be in possession of the original signed document.

Faxed copies cannot be accepted.

Background:

1. The client wishes to send document supply requests to the DRUG ARM Resource Centre via email.
2. *The Copyright Act of 1968 (the Act)* requires that such requests be in writing and that a signed declaration be furnished by the client to the Resource Centre before any copies are made and supplied to the client.
3. This agreement seeks to address the requirements of the Act for the purpose of email requests.

The Client agrees with the DRUG ARM Resource Centre and declares as follows:

All photocopies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose.

The Resource Centre may treat as signed by me any email request and declaration made under Subsection 49 (1) of the Act that bears my name.

I understand that it is an offence under Section 203F of the Act to make a declaration under Section 49 that I know, or reasonably ought to know, is false or misleading in a material particular, and that I will not allow any request to be signed in the manner provided under Clause 2 above without my authority.

Name:

(Please print)

Signature:

Date: / / **20**

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