



**LIVERPOOL  
HOPE  
UNIVERSITY**

ID No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

STAFF USE ONLY

**Application for Alumni/Teacher Alumni Membership of  
The Sheppard-Worlock Library**

*Please Note: There is an annual fee of £30 for Alumni membership.  
Membership does not grant access to computers, WiFi or e-resources*

Please complete this form using **BLOCK CAPITALS**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Course Studied \_\_\_\_\_

Graduation Date \_\_\_\_\_

Would you require assistance to leave the building unaided during an emergency evacuation? Yes / No

If yes, please see our Generic Emergency Evacuation Plan (GEEP) on our website, a paper copy can be provided on request.

**\*\* Proof of ID and address is required, along with a passport sized photograph\*\***

**New Application**

**Renewal of Existing Membership**

Current ID number \_\_\_\_\_

Do you wish to register as:

**Alumni** allowed to borrow up to 5 items (excluding kits).

**Teacher Alumni** i.e. allowed to borrow up to 5 items plus 1 kit/artefact box.  
**\*Proof of school is also required for Teacher alumni\***

Please provide school address:

School Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

We reserve the right to revoke Alumni User rights in the event of misbehaviour, damage, loss or debt relating to the University.

I have read and agree to abide by the rules and regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

STAFF USE ONLY			
Proof of I.D. shown	<input type="checkbox"/>	Proof of School Address shown	<input type="checkbox"/>
Proof of Home Address shown	<input type="checkbox"/>	Fee Paid	<input type="checkbox"/>
Staff Initials:	_____		

**Please return completed form to:** The Sheppard-Worlock Library, Liverpool Hope University, Hope Park, Liverpool L16 9JD.