



Application for Library-Membership-Fee Reimbursement

I, _____(Print Full Name),

OUM Student/Staff Number _____,

hereby request reimbursement of membership fees paid to:

_____ (Library),

_____ (Address)

_____ (Address cont.)

for the period _____ to _____ (Dates of membership)

I have attached/ included a copy of my receipt for membership fees paid to this library.

Signed: _____

This application is to be completed and returned by Fax or Post to:

OUM
c/- Medical Education Services Australia,
16 Business Park Drive,
Notting Hill, Vic, 3186,
Australia
or
Fax: +61 3 95588355