



Librarian
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COMMUNITY OUTREACH MEMBERSHIP FORM

Please note: The Community Outreach Service is not to be regarded as first resource for material for postgraduate studies. Please use the library of your tertiary provider as they should have what you require'

NAME: _____

Please indicate which workplace applies:

GP Practice Physiotherapy/Occupational Therapy Dental

Pharmacy Rest Home NGO PHO

Other (please give details) _____

PRACTICE/WORKPLACE NAME: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

One application form to be submitted for each person wishing to use the service.

Signature: _____ Date: _____

Print Name: _____

Professional Registration Number: _____