



**Psychiatric Disability Services  
of Victoria (VICSERV)**

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## VICSERV Resource Centre Membership Form

Surname			
Given name			
Position			
Employer			
Work address			
Work phone			
Email			
Home address			
Home phone or mobile			
I hereby agree to abide by the Resource Centre's regulations and will be responsible for any loss or damage incurred to the material whilst in my care. This includes providing replacement cost of all items lost or damaged.			
Signed		Date	