



Receipt number:

REGISTRATION FORM [TALIB 01]

COMPLETE AND RETURN TO THE LIBRARIAN

Member Number (Leave Blank) ID Number

Name Surname

Gender: Male Female Date of Birth

Home Address:

Telephone Cell number

Business Address

Business Telephone

Email Address

Joining fee: Paid Not Paid (Gives access to the borrowing of books)
Life time membership fee

Member type: Juv Adult Senior Citizen Staff Professional
Tick appropriate bracket

Subscription type: 1 Month Borrowing 3 Months Borrowing 6 Months Borrowing 1 year Borrowing
Tick appropriate bracket
1 Mnth Access Only 3 Mnths Access Only 6 Mnths Access only 1 yr Access only
Ordinary user Per day access

Subject interests:

Make sure you read and agree to the library rules and regulations stipulated at the back of this form before you sign and return this registration for to the librarian.

Signature Date

Librarian **Office Use** Date Verified: Yes No

Processed by Date

Collected by Date