

# LIBRARY MEMBERSHIP APPLICATION FORM

(Print out and fill in your details)

## Personal Information

First Name: .....

Middle Name: .....

Surname: .....

Date of Birth: .....

Gender\*:  Male  Female

## Contact Details

Mobile Telephone Number: .....

Email Address: .....

## Additional Details

Ward: .....

District: .....

Mailing Address: .....

Country: .....

**Member Signature:**..... **Date:**.....

<b>For Official Use Only</b>	
Membership Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership No: .....
Valid from: .....	Signed by: .....
Expiry Date: .....	Signature: .....