



NATIONAL LIBRARY AND DOCUMENTATION CENTRE
APPLICATION FOR REGISTER AS A MEMBER

For official use only

Registration Date:

Membership No:

Recommended by:

Head, Reader Services

PLEASE WRITE/PRINT IN BLOCK CAPITAL LETTERS
(All information given here will be treated as confidential)

Membership Category: **Three Months** **One Year** **Life**

Name in Full: Rev./ Prof./ Dr./ Mr./ Mrs./ Miss

Contact Details:

Resident

Address:

Telephone No:

Mobile No:

Email:

Official

Address:

Telephone No:

Email:

Nationality: Age:

National Identity Card / Pass Port / Driving Licence No:

Profession / Occupation:

Institution:

Subject Area of Research / Study:

Date :

Signature of Applicant