

**Library Membership Application Form**

**Please select the relevant membership**

External  Alumni

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No:** |  |

**(Please complete in BLOCK Letters)**



Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Office Use Only***

**Barcode: Issue Date:**

**Payment Received Yes**   **Amount:**

**No**  **Receipt No.**