

**Library Membership Application Form**

**Please select the relevant membership**

Academic Staff  Professional & Support Staff

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



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