

**Library Membership Application Form**

**Please select the relevant membership**

External  Alumni

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

**(Please complete in BLOCK Letters)**

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

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***For Office Use Only***

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

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