



**ULAB Library**  
UNIVERSITY OF LIBERAL ARTS  
BANGLADESH

Photo

## Library Membership Form

(Part time/Adjunct faculty only)

**Requested by:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Semester: \_\_\_\_\_

Address (Res.): \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_

**I declare that all the above information is correct and I agree to comply with the ULAB Library rules and regulations.**

\_\_\_\_\_  
**Applicant** (Signature and Date)

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**Office use only**

Library ID: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Circulation Officer** (Signature & Date)

\_\_\_\_\_  
**Librarian**