

Library Membership Form

(Community/Day User only)

Requested by:

Name: _____

Designation: _____

Organization: _____

Department: _____

Address (Organization/present): _____

E-mail: _____

Cell: _____

Purpose: Research

Study

Others (please specify)

(Recommendation)

Duration: Day/ Semester/ Up to (please specify): _____

Recommended by: _____ Department/ Office: _____

Signature & Date: _____

(To be used by the ULAB Library)

Approved for the period: _____ Not approved (reasons): _____

Library ID: _____

Date: _____

Librarian (signature and date)

Coordinator, Library Affairs