



Library Membership Form

(Community User)

User Information:

Name: _____ Designation: _____

Organization: _____ Department: _____

Address (Organization/Residence): _____

_____ Duration: _____

E-mail: _____ Cell: _____

User Category: Alumni Non-Ulabian Researcher

Purpose: Research Study

Recommendation

Recommended by: _____ Department/Office: _____

Designation: _____ Signature & Date: _____

Office use only

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

Library ID: _____ Access Card No: _____

Librarian (Signature & Date)

Coordinator, Library Affairs

Registrar, ULAB