



Library Membership Form

For office use only:

(PLEASE USE BLOCK CAPITAL LETTERS)

Name _____

Address _____

Date of birth			DD	MM	YYYY	Place of birth	Pin code						
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Nationality _____

Profession _____

Phone Res : _____ Off : _____

E-mail _____

Please tick the Type of Membership taken at Alliance Française De Trivandrum			
<input type="checkbox"/> Annual library Membership (400 Rs)	<input type="checkbox"/> Annual AFT student library Membership (150 Rs)	<input type="checkbox"/> Annual AFT Membership	<input type="checkbox"/> Life AFT Membership
<input type="checkbox"/> Student AFT Membership	<input type="checkbox"/> Institutional AFT Membership		

Deposit of 1000 Rs

Date :

I hereby agree to abide by the rules and regulations of the library.

Date :

Signature

To be filled by the librarian:

Library
Membership
No:

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Library Membership
valid up to : _____

Librarian's Signature: _____