



## MEMBERSHIP FORM

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

Address : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth : \_\_\_\_\_

Mobile no. : \_\_\_\_\_

Telephone no. : \_\_\_\_\_

Email add : \_\_\_\_\_

Work or Involvement \_\_\_\_\_

School Level(if student): \_\_\_\_\_

School \_\_\_\_\_

Company or Organization \_\_\_\_\_

Address : \_\_\_\_\_

How did you know Daluyan Library? \_\_\_\_\_  
\_\_\_\_\_

I certify that all the above information are true and valid.

\_\_\_\_\_  
Name & Signature

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