



affix
personal
photography

Central Library Membership Form

APPLICATION FOR LIBRARY MEMBERSHIP, SHAHED UNIVERSITY

To become a member of Central Library and Information Center of Shahed University please complete this form

Title (Mr, Ms etc):	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Father Name	<input type="text"/>
Birth Day	<input type="text"/>
Postal Address	<input type="text"/>
Residential Address (If different to above)	<input type="text"/>
Phone (Home)	<input type="text"/>
Phone (Work)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Membership Category

- Student (Student Number.....)
- Under Graduate Student Post Graduate Student PhD/MPhil Student
- Faculty
- Not Teaching Staff (Staff Number.....)
- Temporary Membership
- For students/staff from other institutions

Department	<input type="text"/>
Subject	<input type="text"/>
Institute/College Address:	<input type="text"/>

❖ I hereby request Membership of the Library and I undertake to observe the Library Regulations and to accept responsibility for items borrowed with my card. By signing this membership form, I agree to abide by the Central Library and Information Center of Shahed University policies.

Signature