



LIBRARY MEMBERSHIP APPLICATION FORM

STUDENT/STAFF NO. : _____

FULL NAME : _____

ADDRESS : _____

FACULTY : _____

PROGRAM : _____

PHONE : _____ **(MOBILE)**

: _____ **(HOME)**

EMAIL ADDRESS : _____

DATE OF BIRTH : ____/____/____

I hereby agree to abide by the rules and regulations of UCSI University Library.

Signature: _____ **Date:** ____/____/____

Office use only:

Date received: ____/____/____ **Date keyed-in:** ____/____/____

Completed by: _____