





# Membership Form

Name *	<input type="text" value="I"/>	<input type="text"/>
	First Name	Last Name
ID *	<input type="text"/>	
Date of birth	<input type="text" value="dd-MMM-yyyy"/> 	
Occupation *	<input type="text" value="-Select-"/> 	
Phone Number	<input type="text" value="+91 81234 56789"/> 	
Email *	<input type="text"/>	
What would you use the library for? *	<input type="checkbox"/> Reference <input type="checkbox"/> In-house reading <input type="checkbox"/> Borrowing	
Which sections of the library would you like access to?	<input type="checkbox"/> All <input type="checkbox"/> Magazines	