KALAIGNAR CENTENARY LIBRARY, MADURAI - 625002 ${\sf MEMBERSHIP\ FORM}$

For office use only	
Membership Number	
Membership Date	

	Catagory of Mambarshin		Category of Membership		F	ership ee Time)	Annual Fee	Please Tick		
1			ı	Individual Membership	Rs.2	250/-	Rs.100/-			
	Category of Membership			ly Membership Persons only)	Rs.	500/-	Rs.200/-			
		3		nior Citizens pove 60 years)	Rs.	100/-	Rs.50/-			
			Students		Rs.	150/-	Rs.75/-			
2	Name in English	Abhishek								
3	Family Members Details	S.No		Name	Age	Relationship		nip		
	(For those who applied for Family Membership only) (Adult -2 + Children – 2)									
			2							
			3 1							
4	Name of Father/Mother/Spouse	Rel			elation N	ame				
5	Date of Birth				dob	dob				
6	Educational Qualification	EQ								
7	Occupation		Occ							
8	Present Address				PA					
9	Permanent Address				PA					
10	Contact Phone Number		Ph							
11	E-mail address				mail					
12	Govt. recognised photo ID proof (Enclose Xerox copy)	Proof								

I / We hereby declared that all information in the form is correct and I pay the membership fee.

I / We agree to abide by the rules of Library.

Librarian and Information Officer

Signature of applicant