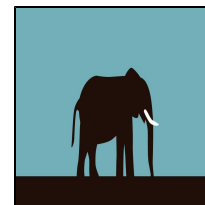


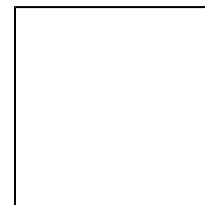
DIRECTORATE OF PUBLIC LIBRARIES KALAIAGAR
CENTENARY LIBRARY, MADURAI - 625002
MEMBERSHIP FORM



For office use only

Membership Number

Membership Date



1	Category of Membership	SI. NO	Category of Membership	Membership Fee (One Time)	Annual Fee	Please Tick
		1	Individual Membership	Rs.250/-	Rs.100/-	
		2	Family Membership (4 Persons only)	Rs.500/-	Rs.200/-	
		3	Senior Citizens (Above 60 years)	Rs.100/-	Rs.50/-	
		3	Students	Rs.150/-	Rs.75/-	
2	Name in English	Abhishek				
3	Family Members Details (For those who applied for Family Membership only) (Adult -2 + Children – 2)	S.No	Name	Age	Relationship	
		1				
		2				
		3				
		4				
4	Name of Father/Mother/Spouse	Relation Name				
5	Date of Birth	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