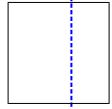
DIRECTORATE OF PUBLIC LIBRARIES KALAIGNAR CENTENARY LIBRARY, MADURAI - 625002 MEMBERSHIP FORM

For office use only		
Membership Number		
Membership Date		



1	Category of Membership		Category of Membership		Annu Fee		Please Tick
		1	Individual Membership	Rs.250/-	Rs.100)/-	
		2	Family Membership (4 Persons only)	Rs.500/-	Rs.20()/-	
		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 Na: 1	me Age Relat	ionshi	p	
4	Name of Father /Mother		F	Relation Name			

	/Spouse		
5	Date of Birth	dob	
6	Educational Qualification	EQ	
7	Occupation	Осс	
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