

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

For office use only

Membership
Number

Membership
Date

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1	Category of Membership	Sl. 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)	<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px auto;"> <tr> <th style="width: 8%;">S.No</th> <th style="width: 22%;">Name</th> <th style="width: 8%;">Age</th> <th style="width: 22%;">Relationship</th> </tr> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td></tr> </table>					S.No	Name	Age	Relationship	1				2				3				4			
S.No	Name	Age	Relationship																							
1																										
2																										
3																										
4																										
4	Name of Father /Mother	Relation Name																								

	/Spouse	
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