

PRIVILEGED MEMBERSHIP

For Office Use

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INSTRUCTIONS :

1. This Form may take you 5 minutes to complete.
2. Please submit with an IC-size photograph to the Circulation Librarian.
3. Please bring along a copy of letter from your employer/supervisor/heads of department to support the need for the membership in relation to the work.
4. Membership is valid only for one year and is non-transferable. A written request must be made for extension of membership.
5. The Membership Card will be ready for collection two working days after your application has been received. No notification letters will be sent.
6. Please bring along your NRIC/Passport as identification when collecting the Membership Card from the Circulation Counter.
7. Membership will be cancelled if the Card is not collected within one month.
8. Loans out of the Library will be suspended 10 days before subscription expiry date for clearance purposes.

I. Personal Information (Please fill in all the relevant details in **BLOCK** letters)

Name (Mr/Mdm/Mrs/Ms) : _____
(Underline surname)

NRIC / Passport No : _____

Mailing Address : _____ Postal Code : _____

Home Tel : _____ Mobile No : _____

Employer : _____

Occupation : _____

Office Address : _____ Postal Code : _____

Office Telephone : _____ E-mail Address : _____

I declare that all particulars given in this Application Form are correct. I will abide by Library Rules and take full responsibility for all loans and outstanding liabilities incurred.

Signature : _____ Date : _____

II. ON COLLECTION OF MEMBERSHIP CARD

I acknowledged receipt of Membership Card with Barcode No. : _____
which will expire on _____ .

Signature : _____ Date : _____

III. FOR OFFICE USE ONLY

Form Verified By : _____ Date : _____

Record Created By : _____ Date : _____

Membership Card Issued By : _____ Date : _____

Remarks : _____

LIEN YING CHOW LIBRARY
NGEE ANN POLYTECHNIC
Advancing People With Information

535 Clementi Road
Singapore 599489
Fax : 64668274
Phone : 64606289

MEMBERSHIP RENEWAL

Membership expires 10 days before subscription expiry date for clearance purposes.

Barcode No. : _____ Expiry Date : _____ Record Entered By : _____

Receipt No. : _____ Date : _____ Subscription Collected By : _____

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____

MEMBERSHIP RENEWAL

Membership expires 10 days before subscription expiry date for clearance purposes.

Barcode No. : _____ Expiry Date : _____ Record Entered By : _____

Receipt No. : _____ Date : _____ Subscription Collected By : _____

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____

MEMBERSHIP RENEWAL

Membership expires 10 days before subscription expiry date for clearance purposes.

Barcode No. : _____ Expiry Date : _____ Record Entered By : _____

Receipt No. : _____ Date : _____ Subscription Collected By : _____

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____
