

STAFF - OTHERS 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 employment letter from the respective School/Division.
4. Membership is non-transferable. Membership will terminate if the staff resigns during the period.
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 contract end 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 : _____

School/Division : _____ Email Address : _____

Commencement Date : _____ End Date of Contract : _____

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. ENDORSEMENT BY DIRECTOR OF SCHOOL

1. I certify that staff has been working with _____ since _____
(School/Div/Dept) (date)
2. I confirmed that all particulars given in this Application Form are correct.
3. My School/Div/Dept will take full responsibility for all loans and outstanding liabilities incurred by the employee.
4. I will inform Library at least 10 days before staff's termination of service.

Name : _____ Designation : _____ Signature/Date : _____

III. ON COLLECTION OF MEMBERSHIP CARD

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

Signature : _____ Date : _____

IV. FOR OFFICE USE ONLY

Form Verified By : _____ Date : _____

Record Created By : _____ Date : _____

Membership Card Issued By : _____ Date : _____

Remarks : _____

MEMBERSHIP RENEWAL (With supporting letter from respective Department indicating the contract period)

Membership expires 10 days before the contract end date for clearance purposes.

Contract Period : _____ Contract Period : _____
Start Date _____ End Date _____

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

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____

MEMBERSHIP RENEWAL (With supporting letter from respective Department indicating the contract period)

Membership expires 10 days before the contract end date for clearance purposes.

Contract Period : _____ Contract Period : _____
Start Date _____ End Date _____

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

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____

MEMBERSHIP RENEWAL (With supporting letter from respective Department indicating the contract period)

Membership expires 10 days before the contract end date for clearance purposes.

Contract Period : _____ Contract Period : _____
Start Date _____ End Date _____

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

I confirmed that my personal particulars are correct.

Please update my personal particulars as follows :

Signature : _____ Date : _____
