

LIBRARY AND INFORMATION SERVICES

APPLICATION FOR EXTERNAL MEMBERSHIP

Identity number														Title				
Surname																		
Names																		
Postal address																		
													Po co	stal de				
Residential address																		
													Po co	stal de				
Tel.: home (code)	Number																	
E-mail																		
Cell number																		
Name and address of employer																		
еттрюуег																		
														ostal ode				
Tel. (code)					Number													
Name and address of next of kin																		
														ostal ode				
Tel. (code)					Nu	mber												
I agree to observe all rules and regulations of the Library and Information Services of Tshwane University of Technology																		
Signature Date																		
FOR OFFICE																		
Membership category Amount due							Expiry date of membership Receipt number											
Name and sig	gnatur	e of st	aff me	mber.														