



LIBRARY: RESOURCE CENTRE

External Membership Form

Membership type: New Renewal

(If you are a new applicant, please fill in Part I and II. If you are already a member who wants to renew the membership, please fill up only part I).

Part I

Title: Dr./Mr./Mrs./Ms.: _____

Surname: _____ First name: _____

Address: _____

Telephone (Land line): _____ Mobile: _____

Place of employment (if any): _____

Work address (if applicable): _____

Email: _____

Please attach a copy of your ID card

| | | | |
|---|-----------------|------------|--------------------------|
| Access & Borrowing (Security deposit is needed only for borrowing facilities) | 12 months | F\$ 100.00 | |
| | One month | F\$ 10.00 | |
| Refundable Security Deposit - F\$ 200.00 | | | |
| If you are unable to make the required refundable deposit, please attach a consent letter and a copy of University ID card of a guarantor from a permanent academic or administrative staff of the FNU. | | | |
| Facilities Required | Duration | Fee | Duration Required |
| | | | |

Please clearly state the reason for applying the library membership:

If you are an existing external member of FNU libraries and you want to renew your external membership, please specify the ID number and the periods that you had been granted the library membership:

Part II

Are you currently a member of any other library except FNU libraries?

Yes No

Are you a retired person from your job? Yes No

Please, attach a copy of your old office ID card.

I do hereby declare that the information given above is true and correct. I will abide by the library external membership policy, library rules and regulations if my application is approved. I assure the University Librarian that I will use FNU library only for personal research work, not for commercial or professional purposes.

Signature of the applicant: _____ Date: _____

Note: Please do not include the fee with your application. You will be informed later to make the payment once approval for membership is granted.

Office Use Only (Payment should only be accepted if approval has been granted)

UL's approval received: Yes No

Campus librarian's signature & Date: _____

Patron notified by: _____ on: _____

Membership ID no: _____ Valid until: _____

New record created/renewed: _____

ID collected date: _____

Date: _____ Staff initials: _____