



No. / date: / / **Membership Application**

Personal Information	MRU Identification: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Guest Lecturer	<input type="radio"/> Contact Staff	<input type="radio"/> External User
	Full name Contact Person/Department in Metharath University Start Date: / / Expired Date: / /			
Current Work	Organization: Position: Office/Department: Organization Address: Postal code: Country: E-mail: Telephone: Mobile: Fax:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"> Photograph 1 inch </div>		
Personal Addresses	Permanent Address: Postal code: Country: E-mail: Telephone: Mobile: Fax: Contact Address: <input type="radio"/> as permanent address <input type="radio"/> other (please fill below) Postal code: Country: E-mail: Telephone: Mobile: Fax: Valid Date: To:			
Personal Interest Topic(s)	General Interests: 1. 2. 3. 4.			
Personal Interest Topic(s)	Research Interests: 1. 2. 3.			
Sign	Signature (.....)			
MRU Action	Metharath Authorization: Comment: Approved by: (.....) Position: / /	Office of Library and Information Services: Library Staff: (.....) / /		
Complete from LIS				