



ANDHRA PRADESH LIBRARY ASSOCIATION

Sri Sarvottama Bhavanam, Patamata, Vijayawada - 520 010

Phone: 0866 2472313 e-mail: apla1914@gmail.com

APPLICATION FOR MEMBERSHIP

1. Name in full : (in capital letters) :
2. Sex / Age / Date of Birth : / /
3. Qualifications : (a) General : (b) Professional :
(Specify the University)
4. Designation :
5. Official Address in full :
(with Pin Code & Phone No.)
6. E-mail ID :
7. Permanent Address in full :
(with Pin Code & Phone No.)
8. Professional experience :
Professional Association? (if so, please give details) :

DECLARATION

I, here by apply for **Ordinary / Life Membership** of the Association and undertake to abide by the rules and the bye laws of the Association if I am admitted to the Association. A sum of Rs. is forwarded herewith by **Cash / Draft** being the Membership Fee.

Place :

Date :

Signature of Applicant

Annual Membership Rs. 200/- • Life Membership Rs. 1,000/- (10 years)
Journal Subscription for 1 year Rs. 200/- • Permanent Subscription Rs. 2,000/- (10 years)

DD in favour of "**Andhra Pradesh Library Association, payable at Vijayawada**".

For Online Payment

Name of the Account : **Andhra Pradesh Library Association**
Name of the Bank : **Andhra Bank, Patamata Branch**
SB A/c. No. : **0424 100 110 12747**
IFSC No. : **ANDB0000424**