**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.) ...........................................................................................................................

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6. E-mail ID : .......................................................................................................................................................

7. Permanent Address in full : ...........................................................................................................................

(with Pin Code & Phone No.) ...........................................................................................................................

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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 for Individuals Rs. 2,000/- (10 years) Journal Subscription for 1 year Rs. 300/- • Permanent Subscription for Institutions Rs. 3,000/- (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**