ALUMNI LIBRARY MEMBERSHIP APPLICATION FORM

HOW TO APPLY
Please complete the application form and return it together with one passport-size photograph and your payment* to:

Circulation Services Librarian
Tun Dr Lim Chong Eu Library
Wawasan Open University [DU013(P)]
Wholly owned by Wawasan Open University Sdn Bhd (700364-W)
54 Jalan Sultan Ahmad Shah, 10050 Penang, Malaysia
Tel: 604-2180 159 Fax: 604-227 9214 Email: library@wou.edu.my

INDIVIDUAL APPLICANT INFORMATION [Please type or print clearly]

Name of Applicant (*Prof/Dr/Mr/Mrs/Ms) .................................................................
Organization/Company ..........................................................................................
Designation ........................................ Nationality .................................................
Office Address ........................................................................................................
...............................................................................................................................
Telephone (Off) ............... (Home) .............. Handphone ........................................
Email .......................................................................................................................
Home Address ........................................................................................................
...............................................................................................................................
NRIC/Passport No .............................................................
Course Studied ........................................................................................................
Campus ......................................................................................................................
Year Qualification Awarded.......... YYYY

MEMBERSHIP FEE [Please tick where appropriate] - Membership fees below are subject to 0% GST charge effective 1 June 2018.

☐ New application RM 320.00 (refundable deposit of RM250.00, annual membership fee RM20.00 and a one time registration fee of RM50.00)

☐ Renewal of membership RM 20.00
DECLARATION BY APPLICANT

I declare that the information given by me is correct and that I will abide by the library rules if my application is approved.

………………………………..                       ………………………
Applicant’s Signature                        Date

* PAYMENT [Please tick where appropriate]

☐ I hereby enclose a cheque in the amount of RM …………… Cheque No …………………………..
Cheque should be crossed and made payable to WAWASAN OPEN UNIVERSITY SDN BHD

☐ I hereby enclose cash in the amount of RM ……………

☐ Interbank transfer

Payee Name : WAWASAN OPEN UNIVERSITY SDN BHD
CIMB Account No. : 8004295774

I hereby enclose receipt in the amount of RM…………

FOR LIBRARY USE ONLY

Date received   …………………………………..

Membership  ☐ Accepted    ☐ Rejected

Alumni Membership No  ……………………………………………………………………………

Cheque No  …………………………………..    Receipt No  ……………………………..