

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 Bbd (700364-W)

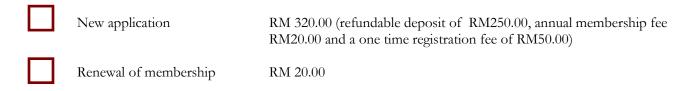
54 Jalan Sultan Ahmad Shah, 10050 Penang, Malaysia

Tel: 604-2180 159 Fax: 604-227 9214 Email: library@wou.edu.my

INDIVIDUAL APPLICANT INFORMATION [Please type or print clearly]

Name of Applicant (* Pro	of/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 Award	ledYYYY
`	

MEMBERSHIP FEE [Please tick where appropriate]





DECLARATION BY APPLICANT

ect and that I will abide by the library rules if my
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		