



## 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]*

- 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 .....