



PERSONAL EXTERNAL 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

Reasons for Application *[please tick the relevant box]*

Study (please specify)
Institution registered with

Research (please specify)

MEMBERSHIP FEE *[Please tick where appropriate]*

New application RM 300.00 (includes a non-refundable registration fee of RM50.00)

Renewal of membership RM 250.00



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

Patron Membership No

Cheque No Receipt No