



**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 .....