

ATHAIDE MUNICIPAL LIBRARY

MAPUSA GOA

Deposit Application form

I desire to become a member of lending section of the Athaide Municipal Library.

(for office use)

I have read the Rules and Regulations and agree to abide by them. I shall take proper care of the Library book and undertake to replace any Book/s lost or damaged by me. I shall notify to the Library any change in my address.

Reg.No. _____
Date of Reg. _____
Receipt No. _____
Book No. _____

Signature _____
Name _____

(Please use block letters)

Member valid up to _____

Designation _____

Date of renewal of
Membership _____

Present Address _____

Permanent Address _____

Librarian

I recommend the application, who is personally known to me, for being enrolled, as a member of the Athaide Municipal Library. I undertake to replace book/s lost or damaged him/her and to pay all Library dues in case of his/her failure to do so.

Date ____ / ____ /200 ____

Name _____

(Please use block letters)

(Signature)

Designation _____

Address _____

(Office seal)