

The American Spaces Membership Application Form

(For Office Use Only)

Membership ID No.: _____ Valid Until: _____

Amount Received: _____ Document Proof: _____ Comp. Ref. By _____
(Cash/Card/DD)

LC-4: [] Date _____ O/S: [] R/R: [] Old Membership No.: _____

Name: _____ Last Name Middle Name First Name

Profession/Class: _____ Date of Birth : DD/MM/YY

E-mail : _____ Mobile : _____

Current Home Address:	Designation & Official Address or Reference & Institutional Address:
Pin:	Pin:
Mobile:	Mobile:

Subject Interest/s: _____ ; _____ ; _____



For Family Membership Only: Please add maximum three immediate family members' details:

Name	Age	Relationship	Contact No. (If Any)

I hereby apply for membership of the American Library and agree to comply with the rules.

Date: _____

Signature: _____