



BALAKAIRALI
INC 9891228

LIBRARY MEMBERSHIP FORM
(For Balakairali Members)

Full Name: (Mr/Miss/Mrs)

Address:

Contact Number: (Home)

(Mobile)

(e-mail)

I would like to request for a membership in Balakairali Library and will be abiding the rules and regulations set by the executive committee.

Signature

Date:

For Office Use only

No:	Name of the book	Author	Date	Received by Sign	Remarks

Approved

Rejected

Membership Number