

DAVID SASSOON LIBRARY & READING ROOM
APPLICATION FOR MEMBERSHIP
(Form is valid for 1 year from the date of issue)

To
The Hon. Secretary
The David Sassoon Library & Reading Room
152, M G Road, Off. David Sassoon Library Marg
Fort, Mumbai 400 001



Dear Sir,

I hereby request you to enroll me as a **PATRON/LIFE/ORDINARY MEMBER** of the Library. I agree to comply with all the rules, regulations and bye-laws of the Library.

My particulars are as under:

FULL NAME (SURNAME FIRST) : SHRI/SMT./KUMARI _____
RESIDENTIAL ADDRESS : _____
TELE.NO. (R)/MOBILE NO. : _____
E-MAIL ADDRESS : _____
AGE & DATE OF BIRTH : _____
EDUCATIONAL QUALIFICATION : _____
OCCUPATION/PROFESSION : _____
OFFICE NAME : _____
OFFICE ADDRESS : _____
TELE.NO. : _____
PURPOSE OF USING THE LIBRARY : _____
MEMBERSHIP OF OTHER LIBRARIES : _____
LEARNED SOCIETIES : _____
PAST MEMBERSHIP OF LIBRARY : _____
ANY OTHER INFORMATION : _____

Yours faithfully,

(See overleaf for instructions)

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I have known the above applicant for a period of _____ year. The above information given by him/her is true and correct to the best of my knowledge. He/She will strictly abide by the rules, regulations and bye-laws of the Library.

Full Name of the Proposer _____ Type of Membership _____

Signature of the Proposer _____

1. PATRON MEMBER Rs.15000/- 2. LIFE MEMBER Rs.10000/- 3. ORDINAR MEMBER Rs.1200/-
4. ENTRANCE FEE Rs. 250/- 5. DEPOSIT Rs. 750/- 6. COPY OF BYE-LAWS Rs. 20/-

N.B. Application Form will be treated valid only when cheque is realized.

:FOR OFFICE USE ONLY:

1. Receipt No. _____ Date: _____ 2. Interviewed by: _____ Date: _____
3. Approved/Rejected/Kept on waiting list for membership by the Managing Committee
4. Signature of the President: _____ Date: _____