

Access-only (3 months) Membership Application Form

Please complete the application form and return it together with a cheque* for the application/ renewal fee to:

**Membership Application
 Li Ka Shing Library
 Singapore Management University
 70 Stamford Road
 Singapore 178901**

*Cheque should be crossed and made payable to **Singapore Management University**.

Name of Applicant (Surname first)

***(Dr / Mr / Mrs / Ms)**

**delete where applicable*

FIN/NRIC No. (Include prefix)

Occupation

Organization/Company

Address

Telephone

E-mail

Reason(s) for Application

 Details of Sponsor

Name of Sponsor / Dept (list liaison person's name)

Sponsor's contact telephone

E-mail

Reason(s) for being a sponsor to applicant

I read and agreed to take responsibility if the Applicant breaches the terms and conditions described at the back of the form.

Signature (Sponsor)

Please tick the appropriate box(es)

Membership Fee (inclusive of GST)

New application at S\$120.00 Renewal at S\$120.00

Total amount payable S\$_____ (Membership Fee)

DECLARATION

I declare that the particulars given in this application are true.

In the event that the access is granted, I will guarantee a proper conduct of the use of the Library and make good any loss or damage to library materials or other facilities in the library.

I hereby enclose a cheque of S\$_____.

Submitted by

Signature

For Official Use	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Remarks
Bank & Cheque No. _____ Amount Paid _____ Date _____	Issue Date of Card _____ Expiry Date _____ Date of Termination _____ Approved by _____ Date Approved _____ Membership No. _____

Acknowledgement Receipt of Access-only Library Membership Card

I, (name) _____ of NRIC No. / FIN No. _____ hereby acknowledge the receipt of the Library Membership card number: _____ and confirm that I have read and agreed to comply with below terms and conditions.

I guarantee a proper conduct of the use of the Library and make good any loss or damage of library materials or other facilities of the library.

I will also report the loss of the library card immediately and is agreeable to pay for the replacement card.

I hereby agree to return the library card upon termination of my membership.

Received by _____

Signature _____

Date _____