The American Library
Membership Application Form

(For office Use Only)

Name _____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

Preferred Salutation: Mr./Mrs./Ms./Dr./Prof. If other, please specify

Occupation_____ Profession/Class_____ Date of Birth DD /MM /YY

Email: _____ Mobile: _____

Home Address:	Designation & Office/Institution Address:
PIN:	PIN:
Tel:	Tel:

Preferred Mailing Address: Home ☐ Office ☐

Emergency Tel. No. _____

Guardian's Name & Office Address: (for students only)

_____

_____ PIN: _____

Mobile/ Tel.: _____ Email: _____

Subject Interest ☐ ☐ ☐ ☐

AMERICANCENTER

eLibraryUSA

If you would like an eLibraryUSA account, please sign below. You will receive an email with your account information.

User Agreement eLibraryUSA:

By signing this form, you hereby pledge to keep your password private and to not share your password with anybody else or repost material. eLibraryUSA is for your own private use ONLY and is not to be used in a classroom setting, or to provide research for anyone else. If you violate this agreement, your account will be cancelled.

For membership:

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

Date: _____ Signature: _____

Notes:

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