

The American Library

Membership Application Form

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(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



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:
