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Membership Application

Personal Information

Guest Lecturer Contact Staff External User

SIU Identification:

Prefix: Mr. / Ms. / Mrs. / First Name: Last Name:

Contact Person/Department in SIU:

Start Date:/...../..... Expired Date:/...../.....

Current Work

Organization:

Position: Office/Department:

Organization Address:

Photograph

Postal code: Country: E-mail:

Telephone: Mobile: Fax:

Personal Addresses

Permanent Address:

Postal code: Country: E-mail:

Telephone: Mobile: Fax:

Contact Address: as permanent address other (please fill below)

Postal code: Country: E-mail:

Telephone: Mobile: Fax:

Valid Date: To:

Personal Interest Topic(s)

General Interests:

1. 2.

3. 4.

Research Interests:

1.

2.

3.

Sign

Signature

(.....)

SIU Action

SIU Authorization:

Comment:

.....

.....

Approved by:

(.....)

Position:

...../...../.....

Office of Library and Information Services:

Library Staff:

(.....)

...../...../.....