



Library and Information Association of Zambia

C/O University Of Zambia Library
P.O. Box 32379,
Lusaka, ZAMBIA

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http://libraryassociationofzambia.org

INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM

Surname: _____ Title: (e.g. *Prof, Dr, Mr., Ms.*) _____

Other names: _____

Educational/Professional qualifications: _____

Specialisation: _____

Postal address _____ Physical address _____ Street _____

Township/ Neighborhood/Locality _____

Town _____ Province _____

Office Tel (____) _____ Home Tel(____) _____

Office Fax (____) _____ Cell (____) _____

Email address (es) _____

Web site address (es) _____

Job title: _____

Institution/Organisation/Employer: _____

Type of organisation (*please tick as appropriate*)

<input type="checkbox"/> Government	<input type="checkbox"/> Quasi-government	<input type="checkbox"/> Private
<input type="checkbox"/> Non-Governmental Organisation	<input type="checkbox"/> Regional	<input type="checkbox"/> International
Other (<i>please specify</i>): _____		

Nature of organisation's business: _____

Type of library/Information Unit (*please tick as appropriate*)

<input type="checkbox"/> Public/Community Library	<input type="checkbox"/> School Library	<input type="checkbox"/> Academic Library	<input type="checkbox"/> Special Library/Registry
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Any additional information: _____

Membership Fees

PhD	K450.00
Masters Degree	K400.00
Bachelors Degree	K350.00
Diploma	K300.00
Certificate/Associate	K250.00
Student	K 50.00
Donation	
TOTAL	

Please make all money orders and cheques payable to Library and Information Association of Zambia OR Make a direct credit into Library and Information Association of Zambia account No. 0052030000532, Indo-Zambia Bank, North End Branch, Cairo Road, Lusaka, ZAMBIA. Attach a copy of the deposit slip to the filled in form and post/email to liaz@zambia.co.zm Cell: +260 965 024 914.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Approved _____ Signature _____ Date _____

Membership No _____ Date received _____ Receipt No. _____