



Library and Information Association of Zambia

C/O University Of Zambia Library

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http://libraryassociationofzambia.org

INSTITUTIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Name of organisation _____

Postal address _____ Physical address _____ Street _____

Township/ Neighborhood/Locality _____

Town _____ Province _____

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

Office Fax (____) _____ Cell (____) _____

Email address (es) _____

Web site address (es) _____

Title of Head of organisation _____

Type of organisation *(please tick as appropriate)*

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

Nature of organisation's business _____

Any additional information _____

Membership Fees

University	K 1, 500.00
International/Special/NGO	K 1, 000.00
Government /College	K 850.00
Public/Private School	K 800.00
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 _____

In my capacity as _____ Date _____

FOR OFFICIAL USE ONLY

Approved by _____ Signature _____ Date _____
 Membership No _____ Date received _____ Receipt No. _____