



Library and Information Association of Zambia

(LIAZ)

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ZAMBIA

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TPIN: 1011800721

<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 _____

Town _____ Province _____

Office Tel (____) _____ Cell (____) _____

Office Fax (____) _____

Email address (es) _____

Web site address (es) _____

Job title: _____

Institution/Organisation/Employer: _____

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 (please specify): _____

Nature of organisation's business: _____

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

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

Membership Fees

PhD	K550.00
Masters Degree	K500.00
Bachelors Degree	K450.00
Diploma	K400.00
Certificate/Associate	K350.00
Student	K150.00
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: +260 979 805 780.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Approved _____ Signature _____ Date _____

Membership No _____ Date received _____ Receipt No. _____