



## **AFLIA MEMBERSHIP APPLICATION FORM**

Membership Code.....  
(to be assigned by Secretariat)

1. Name of Association/Institution/Individual /.....
2. Name and position of Primary Contact.....
3. National Association membership Number .....
4. Postal Address .....
5. City & Country.....
6. Province/State/Region .....
7. Postal Code .....
8. Phone .....
9. Fax .....
10. Email .....
11. Website address .....
12. Category of Membership (Please tick as appropriate)

- Personal/ Individual (PSL)
- International Library Association (INTA) \*Indicate number of members
- Regional Library Association (RA) \*Indicate number of members
- National Library Consortia (NLC)
- National Library Association (NA) \*Indicate number of members
- National Library (NL)\* Indicate number of Employees
- Academic Library (AL) \*Indicate number of students
- Special Library (SPL)
- Research Library (RSL) \*Indicate number of employees
- Public Library (PL)
- School Library (SCL)
- Documentation Centre (DC)
- Community Library (CL)
- Library and Information Training Institution (LIT)
- Library and Information related Business (LIBS)
- Library Non-Profit Organisation / NGO (LNGO)
- Friends of Libraries (with approval by the Governing Council) (FL)
- Corporate (CM)
- Registration Council (RC) \*Indicate number of employees

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Signature

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Date and Stamp

**(Please Type and send by email to [membership@aflia.net](mailto:membership@aflia.net) )**