

SCIENCE & ENVIRONMENTAL VIDEO LIBRARY

Please indicate Membership Category that best suits your requirement:

- i. Government Department / Corporation / Semi-government organisation
- ii. International Organisation / Private Sector Institution / International School
- iii. University/ Library/ Non-governmental Organisation
- iv. School (other than an International School)
- v. Individual (items marked * need not be filled in by applicants for Individual Membership)

Name: _____

Designation*: _____

Institutional Name*: _____

Street address: _____

Phone: _____ Fax: _____ Email: _____

Name of representative who will liase with the library*: _____

Signature

Date

Official Stamp*:

For SLETP Use Only

Date of Membership:

Membership Fee:

Membership No.:

Officer processing application: