



BORANG PERMOHONAN KEAHLIAN LUAR
LIBRARY EXTERNAL MEMBERSHIP APPLICATION FORM

UniSZA-LIB-BH02-PK01-BR001

Sila isi maklumat dengan lengkap

All fields must be completed for the application to be processed

MAKLUMAT PERIBADI <i>PERSONAL DETAILS</i>		
Nama <i>Name</i>		
No. Kad pengenalan <i>IC / passport No.</i>		
Pekerjaan <i>Occupation</i>		
Alamat Pejabat / Institusi <i>Office / Institute Address</i>		
Pekerjaan <i>Occupation</i>		
Alamat Surat-Menyurat <i>Mailing Address</i>		
No. Tel (Pejabat) <i>Phone no (Office)</i>		
No. Tel (Tel. Bimbit) <i>Handphone No.</i>		
Emel <i>Email</i>		
MAKLUMAT PEMBAYARAN <i>PAYMENT INFORMATION</i>		
Yuran RM <i>Fee</i>	Cagaran RM <i>Deposit</i>	Kaedah Pembayaran <i>Payment Method</i>
<p>Bayaran cagaran hendaklah dituntut apabila keahlian tamat. Sekiranya tidak dituntut selepas tiga (3) bulan bayaran tersebut akan lupus.</p> <p><i>Deposit payment should be claimed when the membership expired. Claim will be forfeited within three months from the membership expiration date.</i></p>		<p>Tunai () Cek () <i>Cash Cheque</i></p>
<p>Bersetuju () <i>Agree</i></p>		
PENGAKUAN PEMOHON <i>APPLICANT'S DECLARATION</i>		
<p>Saya mengaku maklumat yang diberikan adalah benar dan saya bersetuju mematuhi semua peraturan yang ditetapkan oleh Perpustakaan UniSZA.</p> <p><i>I hereby acknowledge that all information provided herein is true and agree to abide to the rules and regulation set forth by the UniSZA Library.</i></p>		
<p>_____ Tandatangan Pemohon <i>Applicant's Signature</i></p>		<p>Tarikh : _____ <i>Date</i></p>



**KEPERLUAN
REQUIREMENT**

Sertakan 2 keping gambar berukuran passport dan 1 salinan sijil kelulusan dari UniSZA / surat pengesahan dari majikan / organisasi / kad pesara / Kad Ahli Alumni/Surat Alumni UniSZA.

Attach 2 photographs (passport size) and 1 photocopy of UniSZA certificate / verification letter from employer / organization/ pensioner card / Alumni Membership Card/Letter from UniSZA Alumni.

**UNTUK KEGUNAAN PEJABAT
FOR OFFICE USE**

**TEMPOH KEAHLIAN
MEMBERSHIP PERIOD**

Dari
From

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Sehingga
To

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Nombor Ahli
Membership No.

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**KATEGORI KEAHLIAN
MEMBERSHIP CATEGORY**

Keanggotaan Korporat
Corporate Membership

Profesional / Pegawai Swasta
Professional

Pelajar UA / IPTS
Student

Kakitangan Kerajaan
Government Servant

Institusi Kerajaan
Government Institution

Pesara
Pensioner

Pesara UniSZA
UniSZA Pensioner

Alumni
Alumnus

Anak Staf UniSZA
*Family Members UniSZA Staff
(under age 21 years)*

Diproses oleh
Processed by

Nama: _____
Name

Tarikh: _____
Date

Disemak oleh
Verified by

Nama: _____
Name

Tarikh: _____
Date