



# GOA COLLEGE LIBRARIANS' ASSOCIATION

(Reg. No: 183/GOA/2016)

C/o GVM's Dr. Dada Vaidya College of Education

Farmagudi Ponda Goa, 403401

Contact No: 9552048104 / 9763816278 Email : goacla2016@gmail.com

## MEMBERSHIP FORM

1. Name (In Capital).....
2. Sex...../Age..... Date of Birth.....
3. Designation:.....
4. Institution:.....
5. Institution full address with pin code and phone No:.....  
.....
6. Institution Email ID : .....
7. Institution Webpage :.....
8. Date of Joining : ..... Superannuation :.....
9. Home address with Pin Code .....  
.....
10. Email ID:.....
11. Mobile No:.....
12. Did you know who was the librarian of your institution before your joining? If yes please write his/her name and mobile no:.....

### DECLARATION:

I, ..... hereby apply for Annual / Life Membership of the Association and undertake to abide by the by-laws of the Association if I am admitted to the Association. A sum of Rs.....is forwarded herewith by Cash/Draft towards the Membership Fee in Full .

Place : .....

Date : .....

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Signature of Applicant

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### Office Use

Membership Granted: Yes / NO

President

Secretary

Admission Fee: Rs.100/-Annual Membership: Rs1000/- , Life Membership: 5000/- Cheque / DD in favour of **GOA COLLEGE LIBRARIANS' ASSOCIATION PAYABLE AT PANAJI GOA**