



SOCIETY FOR ADVANCEMENT OF LIBRARIANSHIP

APPLICATION FOR MEMBERSHIP

Dear Sir,

Please enroll me as member of the *Society for Advancement of Librarianship* for 2 years/Life. I am enclosing a Cheque/DDNo. _____ dated _____ drawn on _____ of Rs 200/500/1000 favouring Society for Advancement of Librarianship, New Delhi being the requisite membership fee.

My particulars are as under: (Please use capital letters)

Mr./Ms/Dr. _____ Qualifications _____

Designation _____ Date of Birth _____

Office Address _____

Mailing Address _____

Telephone (O) _____ (R) _____ Mobile: _____

Email: _____

I have read the rules and regulations of Society for Advancement of Librarianship and undertake to abide by them:

Sincerely,

(Signature)

Membership Fee: 2 year Rs. 200/- life membership Rs. 500/- Institutional/Corporate Rs. 1000/-[Annual]

Membership No.----- Receipt No. ----- Date: -----

SOCIETY FOR ADVANCEMENT OF LIBRARIANSHIP (SAL)

Head Office: 15-16, Mini Central Market ,Lajpat Nagar Part 2, New Delhi-110024

Regional Office: House No. 8 Neelkamal Path, Hatigoan, Chariali, Guwahati-781038

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