

# KERALA LIBRARY ASSOCIATION

(Reg. No. 89/71)

Room No.36, II Floor, Kairalie Plaza  
Karamana – Killippalam Road, Karamana P.O.  
Trivandrum – 695 002

www.keralalibraryassociation.org

e-mail: kla.org@gmail.com

## APPLICATION FOR MEMBERSHIP

1. Name in full (in Capital letters) : .....
2. Sex / Age / Date of Birth : ...../...../.....
3. Qualifications : (a) General : .....(b) Professional \* : .....  
(Whether regular/correspondence and specify the University) : .....
4. Designation : .....
5. Official Address in full (with Pin code & Phone No.) : .....  
: .....
6. E-mail ID : .....
7. Residential Address in full (with Pin code & Phone No.) : .....  
: .....
8. Permanent Address in full (with Pin code & Phone No.) : .....  
: .....
9. Professional experience : .....
10. Are you a member of any other Professional Association? : .....  
(if so, please give details) : .....

### DECLARATION

I, ..... hereby apply for **Ordinary / Life Membership** of the Association and undertake to abide by the rules and the bye-laws of the Association if I am admitted to the Association. A sum of Rs.....is forwarded herewith by **Cash/Draft** being the Admission fee and Membership Fee in **Full / I Instalment** (Rs.300/-).

**Place** : .....

**Date** : .....

**Signature of Applicant**

**Proposed by**

### **For Office use only**

#### **General Secretary's Report**

Placed before the Committee Meeting held on .....and considered the Application. The Application is accepted/rejected/deferred.

*General Secretary*

*President*

Admission fee : **Rs.10/-**: Annual Membership fee: **Rs.100/-**: Life Membership fee : **Rs.600/-**  
DD in favour of "**Kerala Library Association, Trivandrum**".

*\* Please attach a copy of Professional Degree Certificate*