

**APPLICATION FOR EXTERNAL MEMBERSHIP**

**Registration only during office hours: Monday to Friday from 08:30 to 16:00**

Title: Prof/Dr/Rev/Mr/Mrs/Miss……………………… Identity Number …………………………….....

Surname………………………………………………… First Name …………………………………….

Residential Address…………………………………………………………………………………………

Postal Code.................................................... E-mail…………………………………………………..

Name and Address of Employer ………………………………………………………………................

Postal Code …………………… Telephone Number……………………….........................................

**I abide by the regulations governing the Library as set out in the Nelson Mandela University Calendar**

Signature……………………………………………………………………………………………

**For Office Use:** Type of Membership………………………………Approved………………………………

Amount Paid……………………..Receipt Paid ……………………….Date…………………………………

Membership Expiry Date…………………………………………….Barcode…………………………………………