ALUMNI LIBRARY MEMBERSHIP REQUEST FORM

Personal Details:

Full Name_________________________________________ Alumni No.________________________

Residential Address ______________________________________________________________________

Permanent Address ______________________________________________________________________

Telephone Number/s_________________________ Mobile Number__________________________

E-Mail Address _____________________________________________

Membership Category (Please select one):

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Registration Fee (Refundable)</th>
<th>Library Security (Refundable)</th>
<th>Annual Fee</th>
<th>Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Silver</td>
<td>---</td>
<td>Rs. 5,000</td>
<td>Rs. 1,000</td>
<td>Building Use Only (No Borrowing, No access to computers)</td>
</tr>
<tr>
<td>☐ Gold</td>
<td>Rs. 5,000</td>
<td>Rs.10,000</td>
<td>Rs. 10,000</td>
<td>Borrowing rights, Computer Access, Reference and Research Help</td>
</tr>
</tbody>
</table>

Signature_________________________________________ Date________________________

Kindly complete and return this Form to the Ewing Memorial Library Circulation Desk, along with Two recent photographs (size 2 X 2.5 cm.) and copy of your receipt for payment of Membership subscription fee* for your selected Membership Category.

*Membership Subscription fee may be paid through bank draft, Demand Draft, Pay Order or by online transfer in favour of Habib Bank Limited Branch No., A/C No. 23437000069401]

Membership Form may be submitted in person, by Fax, by Mail or by Email, to:
Address: Ewing Memorial Library, Forman Christian College, Ferozepur Road, Lahore, 54600, Pakistan.
Phone: +92 42 99231581-8 Ext. 426 Fax: +92 42 99230703 Email: library@fccollege.edu.pk

For Office Use Only

Registration Date:_________________________ Membership Expiry Date:_________________________

Received Library Card:_________________________ Date:_________________________

(Signature) (Date Received)