



Friends of the Library

Membership Form

Beaconhouse National University

Please attach one
Photograph here

I hereby apply for membership of **BNU** Library. I agree to pay the replacement value of any book or material lost, damaged or destroyed while in my possession. I shall abide by all the regulations of the library.

SVAD Tick One of the following Category

SLASS **Faculty** **Visiting Faculty** **Staff**

SCIT Department ⇨ Designation ⇨

SA

SE **Permanent** **Contract** from / / to / /

IP

SMC **Name:** *(In Block Letters)* _____

Father's Name: _____

Home Address: _____

Mobile # _____ **Phone #** _____ **Office Ext.** _____

Official E-Mail: _____ @bnu.edu.pk **Date:** _____

Alternative E-Mail: _____ **Signature:** _____

Head of Department:

(Visiting Faculty)
Program/Course: _____

Signature: _____

Human Resource Department:
(Permanent Faculty/Staff)

Employee Code: _____

Signature: _____

Circulation Services

Membership No: _____ **Date:** _____

Page No: _____ **Signature:** _____