



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.

Tick One of the Following Categories:

Undergraduate Graduate Post Graduate PhD

School of Visual Arts & Design School of Liberal Arts & Social Sciences School of Architecture

School of Media & Mass Communications School of Education Institute of Psychology

School of Computer & Information Technology

Department Session from / / to / /

Name: *(In Block Letters)* _____

Father's Name: _____

Home Address: _____

Registration # _____ **Date of Birth:** _____

Mobile # _____ **Phone #** _____

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

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

Circulation Services

Library Membership #-----

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