

# KERALA LIBRARY ASSOCIATION

(Reg. No. 89/71)

Room No.36, II Floor, Kairalie Plaza  
Karamana – Killippalam Road, Karamana P. O.  
Thiruvananthapuram – 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 Membership Fee in **Full / Instalment** (Rs.500/-).

**Place :** .....

**Date :** .....

**Signature of Applicant**

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**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*

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Annual Membership fee: **Rs.250/-**: Life Membership fee : **Rs. 1000/-**

DD in favour of "**Kerala Library Association, Thiruvananthapuram**".

Filled in application should be send to: **Dr.P.K. Suresh Kumar**, General Secretary, TC 7/660-13, Swasthy, RVRA-J3, Kanjirampara.P.O, Thiruvananthapuram - 695 030

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\* Please attach a copy of Professional Degree Certificate