

ALUMNI LIBRARY MEMBERSHIP FORM

NOTE: Please attach one passport-sized photograph to this form and submit to the Information Services Counter (Level 1).

FAMILY NAME					
FIRST NAME					
MIDDLE NAME					
TITLE	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr/Associate Prof/Prof
IC NO. /PASSPORT NO.					
ID CARD NO (Please provide previous Monash ID card No If any)			GRADUATION YEAR :		
			MONASH UNIVERSITY : _____		CAMPUS
ADDRESS (CORRESPONDENCE)				POSTCODE	
ADDRESS (PERMANENT)				POSTCODE	
ADDRESS (COMPANY)				POSTCODE	
TELEPHONE	HOME	MOBILE	OFFICE		
EMAIL					
I _____ will adhere to the rules and regulations of the Library and Learning Commons available at https://www.monash.edu.my/library/services-facilities					
SIGNATURE OF APPLICANT:			DATE:		

FOR LIBRARY USE ONLY	
RECEIVED BY:	DATE: