LIASA

NPO 009-577

2008 INDIVIDUAL RENEWAL

Library and Information
Association of South Africa
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1 JANUARY – 31 DECEMBER 2008

MEMBERSHIP NO: ______ **ID NO:** ______

SURNAME: ______________________ TITLE (eg Ms, Mr, Prof, Dr): ______________

FIRST NAME AND INITIALS: ______________________________

E-MAIL ADDRESS: ______________________________

LIASAonline SUBSCRIPTION **YES** ☐ **NO** ☐

TEL NO: ( ) ______________(B) ( ) ______________ (H)

FAX: ( ) ______________

MOBILE: 0 0 0 0 0 0 0 0 0 0 **SMS MESSAGES: YES** ☐ **NO** ☐

IF ANY OTHER DETAILS HAVE CHANGED, PLEASE PROVIDE INFORMATION BELOW:

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PLEASE CHOOSE ONLY ONE OF THE FOLLOWING – 2008 INDIVIDUAL MEMBERSHIP FEE

Individual -Full member	*R 250-00*	
Full Time Students, Pensioners, Unemployed & Volunteer Workers	*R 120-00*	
Interest group member	*R 160-00*	
○ International Individual	*US$ 60-00*	
○ Africa Individual	*US$ 30-00*	
DONATION	*R*	
TOTAL AMOUNT DUE	***R***	

INTEREST GROUPS: **Please indicate your first choice (1) and second choice (2)**

- **INDIVIDUAL FULL MEMBERS may belong to two (2) LIASA interest groups.**
- **INDIVIDUAL INTEREST GROUP MEMBERS may choose only one (1) LIASA interest group**

Higher Education Libraries	1 2	Research, Education & Training	1 2
Interlending	1 2	School Libraries & Youth Services	1 2
Public & Community Libraries	1 2	Special Libraries	1 2
Bibliographic Standards	1 2	Support Staff	1 2
Acquisitions	1 2	Information & Communication Technology Libr	**1 2**

Please make all cheques/postal orders payable to LIASA

BANK DETAILS: Account name: LIASA Bank: FIRST NATIONAL BANK BROOKLYN 251-345
Cheque Account number: 5325 1066 743

IMPORTANT: COMPLETED MEMBERSHIP FORM AND PROOF OF PAYMENT SHOULD BE MAILED OR E-MAILED TO THE MEMBERSHIP SECRETARY. FAXED DOCUMENTS SHOULD INCLUDE A CLEAR COPY OF THE PROOF OF PAYMENT. MEMBERSHIP WITH ACCESS TO INTERNET ARE REQUESTED TO OBTAIN MEMBERSHIP FORMS FROM THE LIASA WEBSITE www.liasa.org.za OR TO CONTACT THEIR BRANCH CHAIR

I AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF LIASA

SIGNATURE: ______________________ DATE: ______________________