



NPO 009-577

2008 INSTITUTIONAL MEMBERSHIP

Library and Information Association of South Africa
PO Box 1598
Pretoria 0001
Tel: (012) 337-6112
Fax: (012) 337-6108
e-mail: membership@liasa.org.za
<http://www.liasa.org.za>

1 JANUARY – 31 DECEMBER 2008

TICK THE APPROPRIATE BLOCK: RENEWAL NEW MEMBERSHIP

MEMBERSHIP NUMBER: (IF RENEWING)

NAME OF INSTITUTION: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

PROVINCE: _____

HEAD OF ORGANISATION: _____

E-MAIL ADDRESS:

LIASOnline SUBSCRIPTION YES NO

TELEPHONE NO: () _____ FAX NO: () _____



INSTITUTIONAL MEMBERSHIP - 2008 MEMBERSHIP FEE

SA Institutional membership	R 1,000-00	
International Institutional membership	US\$ 150-00	
Africa Institutional membership	US\$ 60-00	
DONATION		R
TOTAL AMOUNT DUE		R

INTEREST GROUPS

As part of our membership we would like to belong to the following TWO (2) LIASA Interest Groups:

> Please indicate your first choice (1) and second choice (2)

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

THE INSTITUTION AGREES TO ABIDE BY THE CONSTITUTION AND RULES OF LIASA

SIGNATURE: _____

IN MY CAPACITY AS: _____ DATE: _____