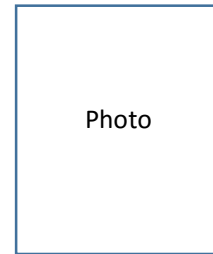




Zaman University Library
Membership Application Form



Full Name: _____

Date of Birth: _____

Current Address: _____

Permanent Address: _____

Mobile Number: _____

Email: _____

Occupation: _____

Name of workplace or university: _____

Subscription Options:

- 1 month = 10\$ (with \$1 value in the card)
- 6 months = 50\$ (with \$5 value in the card)
- 1 year = 80\$ (with \$10 value in the card)

Note: \$50 deposit bond needs to be paid to the finance office upon the application form submission.
The deposit will be returned at the end of the membership.

Please submit this form to the library at Zaman University

Address: First floor, Building #8, Street 315, Boeng Kok 1

Toul Kork,

Phnom Penh, Cambodia

Contact: 017 996 111

For Official Use Only

Membership No.: _____ Date: _____

Date of Expiry: _____ Signature: _____
(Librarian)

(For Office of Finance Only)

Confirmed that the selected membership fee of \$_____ and the \$50 deposit has been paid by
Mr./Ms. _____

Stamp & Signature: _____ Date: _____