

# Membership application form



Library information services, 16 Cork Road, Belgravia, Harare, Zimbabwe. Tel (04) 701658/ 701659/ 701660/ 701661/ 701662/ 701419. Fax: (04) 701148.

## Personal information

* Family name				* Other names					
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	
* Age group	<input type="checkbox"/> < 35	<input type="checkbox"/> 35+							
Citizenship									
* Identity card/ passport number									
* Home address									
* Telephone				Fax					
* E-mail				Cell phone					

## Work/occupational information

* Occupation/position									
* Employer's name and address									
If you are currently studying state subject of study.									
	<input type="checkbox"/> Cert / Dip	<input type="checkbox"/> 1 <sup>st</sup> degree	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD					
* Telephone				Fax					
* E-mail									

## Declaration

I agree to abide by the rules of the British Council library and information service, including those relating to copyright.

* Signature	* Date
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## For office use

### Category of application/ALICE borrower loan category

- (MEX)
- (Corporate MC)
- (Standard)
- (Special MBA)

### Position bar code and/or membership number below

Mem no.		Amount Paid	\$
Renewal		Rec. No	
New		Signature	
Expiry Date		Date	

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## Data protection



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Please sign the appropriate section of the data release agreement.

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### For just administering the library

The information you give on this registration card will be processed by the British Council in accordance with the Data Protection Act 1998. It will be used to administer your membership of the library, and will only be disclosed within the British Council, and only in connection with that membership. Please sign here to confirm that you understand and agree to this.

\* Name

\* Signature

\* Date

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### When the information may be used for other purposes

The information you give on this registration card will be processed by the British Council in accordance with the Data Protection Act 1998. It will be used to administer your membership of the library, and will be disclosed within the British Council, in connection with that membership. Please sign here to confirm that you understand and agree to this.

\* Name

\* Signature

\* Date

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The British Council may also use your personal details to send you information on its activities. Please tell us if you agree to this or not, by ticking one of these boxes.

\*  I would like to get information

\*  I do not want to get information

All sections marked with \* must be completed for the membership to be processed.

We are committed to Equal Opportunities and Diversity