



## RAK MHSU Library Professional Membership Form

Name \_\_\_\_\_

Edu. Qualification \_\_\_\_\_

Designation \_\_\_\_\_

Current Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile Number \_\_\_\_\_

Office Phone No. \_\_\_\_\_

Emirates ID No. \_\_\_\_\_

Affix Passport  
Size Photo

### Choose your Membership

- |                       |            |                          |
|-----------------------|------------|--------------------------|
| One Year Membership   | AED 2000/- | <input type="checkbox"/> |
| Six Months Membership | AED 1000/- | <input type="checkbox"/> |
| One Month Membership  | AED 200/-  | <input type="checkbox"/> |

(Signature of the Applicant)

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**Membership to be approved by Vice President of Research and Postgraduate Studies**

(Chief Librarian)

(VP – Research and PG Studies)

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**Membership Period** – Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Fees Payment Details** – AED \_\_\_\_\_ Date \_\_\_\_\_