



LIBRARY PROFESSIONALS ASSOCIATION

39, DDA Flats, Khirki, Malviya Nagar, New Delhi – 110017. E-mail: hellolpa@gmail.com

Application for Membership – Institutional / Individual / Students

The Secretary

Dear Sir,

I / We hereby express my / our consent to join as **Individual / Student / Institutional** member of LPA and assure the active participation in the activities /services and agree to abide by the Constitution of Rules of the Association. Please accept the requisite membership Fee as Cash /Cheque / Demand draft **No.** **dated:**for **Rupees**..... (In words.....).

Payment should be made in favour of “Library Professionals Association” payable at New Delhi.

Name: Dr / Mr / Ms..... **Sex:** Male / Female, **Designation**.....

Higher Qualifications:

Communication Address.....

Office address:.....

E-mail: **Mobile:** **Telephone:**

Professional Experience:..... years, **Specialization:**

Article published in Journals: NationalInternational.....

No. of Projects / Dissertations guided: AIS / MLIS,M PhilPh.D.....Others(Specify).....

Place :

Date :

(Signature)

	Individual	Institutional	Retired Professional
Life Member Fee	Rs. 2000/-	Rs. 5000/-	Rs. 500/-
Donor Member	Rs. 10,000/- (Rupees Ten Thousand Only)		

Enjoy the professional relations through newsletter, meetings, conferences / seminars and encourage us to be active.