*LI/FO/012*

*Color photo*

*(Size 4.5X3.5 cm)*



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**CHARTERED INSTITUTE OF PERSONNEL MANAGEMENT SRI LANKA (INC.)**

**APPLICATION FOR LIBRARY MEMBERSHIP**

 **1. FOR OFFICE USE ONLY:**

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| 1. Name of the Applicant …………………………………………………………....................................... |
| 2. Date of receipt of the Application ……………………………………………………………………………………………… |
| 3. Date of the Expiry ………………………………………………………………………………………………**2.** **PERSONAL DETAILS OF THE APPLICANT:**

|  |  |
| --- | --- |
| Title  | : Mr./ Ms./ Dr./ Prof/ ……………………………………………………… |
| Full Name  | : ………………………………………………………………………………………. |
| Last Name  | : ……………………………………………………………………………………… |
| Name with initials  | : ………………………………………………………………………………………. |
| Date of Birth  | : ………………………………………………………………………………………. |
| NIC Number  | : ……………………………………………………………………………………… |
| Residential Address  | : …………………………………………………………………………………………. |
| Residential Contact Number  | : ……………………………………………………………………………………….. |
| Mobile Number  | : …………………………………………………………………………………………. |
| Email Address  | : …………………………………………………………………………………………… |

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| **3.OFFICIAL DETAILS:**  |
|  |
| Name of the Organization  | : ………………………………………………………………………………… |
| Designation  | : ………………………………………………………………………………… |
| Duration  | : From: ……………………………..To: ……………………………….. |
| Postal Address  | : ……………………………………………………………………………….. |
| Contact Number  | : ………………………………………………………………………………… |
| Email Address  | : ……………………………………………………………...................... |
| **4.**  **PLEDGE:** |
| I, the undersigned hereby make application for admission for Membership of the Library Chartered Institute of Personnel Management Sri Lanka (Inc.). I agree to abide by the Code of Ethics of the Institute as long as I remain a Library member of the library. I confirm that the information given above are correct to the best of my knowledge. ………………………………………………. …………………………………………………. |
|  Date  |  Signature  |