

AFFIX
 APPLICANT'S
 PHOTOGRAPH



SHREE VISA OSHWAL COMMUNITY

OSHWAL LIBRARY

P.O. BOX 40638, 00100 NAIROBI

TEL. 020 2364403

EMAIL: library@oshwalnairobo.org

MEMBERSHIP APPLICATION/RENEWAL FORM

YEAR APPLIED FOR _____ DATE: _____

FULL NAME OF APPLICANT					
NVOC MEMBERSHIP NO.				EXPIRY DATE	
AGE		SEX		NATIONALITY	
BUSINESS NAME					
PHYSICAL ADDRESS (BUSINESS)					
P.O. BOX				CITY	
MOBILE NUMBER				ID NUMBER	
EMAIL ADDRESS					
RESIDENCE					
VOC REFERENCE: FULL NAME & SIGNATURE					
REFeree'S VOC MEMBER NO. (ATTACH COPY)					
APPLICATION CHECKED BY				DATE	
DEPOSIT PAID				FEE PAID	
NO. OF ITEMS TO BORROW				TYPE OF MEMBER	
SIGNATURE					
COMMITTEE APPROVAL NAME & SIGNATURE					

I wish to join the Oshwal Library and agree to abide by its Rules and Regulations

Sign _____