

AFFIX
 APPLICANT'S
 PHOTOGRAPH



SHREE VISA OSHWAL COMMUNITY

OSHWAL LIBRARY

P.O. BOX 40638, 00100 NAIROBI

TEL. 020 2364403

EMAIL: library@oshwalnairobi.org

MEMBERSHIP APPLICATION/RENEWAL FORM

YEAR APPLIED FOR _____ DATE: _____

FULL NAME OF APPLICANT					
VOC MEMBERSHIP NO.				EXPIRY DATE	
AGE		SEX		NATIONALITY	
BUSINESS NAME					
PHYSICAL ADDRESS (BUSINESS)					
P.O. BOX				CITY	
MOBILE NUMBER				ID NUMBER	
EMAIL ADDRESS					
PARENTS DETAILS (STUDENTS) NAME & VOC NO.					
RESIDENCE					
APPLICATION CHECKED BY				DATE	
DEPOSIT PAID				FEE PAID	
NO. OF ITEMS TO BORROW				TYPE OF MEMBER	
SIGNATURE					

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

Sign _____

Name of Parent/Guardian _____ (Child under 18 years)

(Digital proof of age must be provided for child/student under 18 years old)