



Library and Information Association of Zambia

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http://libraryassociationofzambia.org

INSTITUTIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Name of organisation _____
 Postal address _____ Physical address _____ Street _____
 Town _____ Province _____
 Office Tel (____) _____
 Office Fax (____) _____ Cell (____) _____
 Email address (es) _____
 Web site address (es) _____

Title of Head of organisation _____

Type of Organisation

Government		Quasi-government		Private	
Non-Governmental Organisation		Regional		International	
Other (<i>please specify</i>): _____					

Nature of organisation's business _____

Any additional information _____

Membership Fees

University	K 1, 500.00
International/Special/NGO	K 1, 000.00
Government /College	K 850.00
Public/Private School	K 800.00
Donation	
TOTAL	

Please make all money orders and cheques payable to Library and Information Association of Zambia OR Make a direct credit into Library and Information Association of Zambia account No. 0052030000532, Indo-Zambia Bank, North End Branch, Cairo Road, Lusaka, ZAMBIA. Attach a copy of the deposit slip to the filled in form and post/email to liaz@zambia.co.zm Cell: +260 979 805 780.

Name: _____ Signature: _____
 Designation: _____ Date _____

FOR OFFICIAL USE ONLY

Approved by _____ Signature _____ Date _____
 Membership No _____ Date received _____ Receipt No. _____