



LIBRARY PROFESSIONALS ASSOCIATION

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

Application for Membership – Institutional / Individual / Students

Membership No.

The Secretary

Approved Date:

Receipt No.

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. 1000/-
Donor Member	Rs. 10,000/- (Rupees Ten Thousand Only)		

All DDs to be made in favor of “LIBRARY PROFESSIONALS ASSOCIATION” payable at “NEW DELHI” or direct transfer to “INDIAN BANK, MEHRAULI ROAD BRANCH, NEW DELHI, SB A/C No. 964230788, IFSC CODE-IDIB000M089 (Scan copy of transfer Voucher may please mail for our record).

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