



# LAS PERSONAL MEMBERSHIP APPLICATION FORM

Please tick the box for the appropriate option(s):

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal (includes lapsed membership)	<input type="checkbox"/> Change of Membership Category	<input type="checkbox"/> Update Information
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Please tick the box for the appropriate membership category:

<input type="checkbox"/> <b>Professional</b> <span style="float: right;">[\$100]**</span> <i>Persons who hold professional qualifications*, and who are/were engaged in full-time library &amp; information services work</i>	<input type="checkbox"/> <b>Associate</b> <span style="float: right;">[\$50]**</span> <i>a) Persons who hold para-professional diplomas/certificates in library and information studies/sciences or equivalent qualifications b) Persons who are engaged in library &amp; information services work but do not hold professional qualifications* c) Full-time students</i>
<input type="checkbox"/> <b>Life</b> <span style="float: right;">[\$3,000]**</span> <i>Persons who have been professional members for not less than 5 consecutive years</i>	<input type="checkbox"/> <b>Affiliate</b> <span style="float: right;">[\$150]**</span> <i>Persons who do not hold recognised professional qualifications* and not engaged in library and information services, but are interested in the objectives of the LAS</i>
<input type="checkbox"/> <b>Retiree</b> <span style="float: right;">[\$30]**</span>	

\* Recognised professional qualifications = Degrees/Post-Graduate Diplomas in Library and Information Studies/Science or equivalent professional qualifications

\*\* Members who join the Association, for the first time, after 31 May of the year, shall pay only 50% of the subscription fee for membership up to 31 December of the same year.

\*\* Members who join the Association for the first time, after 31 October of the year, shall pay full subscription fee for membership up to 31 December of the following year.

## Membership Benefits

<input type="checkbox"/> A voice in your association
<input type="checkbox"/> Voting rights (for professional members only)
<input type="checkbox"/> Personal copy of the LAS Annual Report containing the membership listing
<input type="checkbox"/> 1 issue of the Singapore Journal of Library and Information Management
<input type="checkbox"/> Member discounts of up to 25% on LAS publications
<input type="checkbox"/> Notification of Library related events and activities
<input type="checkbox"/> Free or subsidized attendance to social events and selected programmes organized by LAS
<input type="checkbox"/> Special member registration discounts and priority for LAS sponsored courses, talks, workshops and conferences
<input type="checkbox"/> Eligibility for application to full or partial sponsorship to overseas or local conferences
<input type="checkbox"/> Eligibility for membership to LAS Web discussion list

Membership Information (please provide if applicable/available)			
Membership No.		Year Joined	

Personal Details					
Title	Dr / Mr / Ms / Mrs / Mdm	NRIC / Passport No.		Nationality	Singaporean / Singapore PR / Malaysian / Others:- (Please specify) _____
Surname / Last Name		Given / First Name			

Residential Address			
Address			
City / State (if applicable)		Country	Singapore / Others:- (Please specify) _____
Zip/Postal Code		Fax	
Telephone		Pager	
Handphone		Email	
URL			

Employment Information			
Job Designation		Employment Status	Full-time / Part-time / Temporary / Self-employed / Free Lance / Others:- (Please specify) _____
Organization		Department	
Type of Org/Dept	Library / LIS School / Commercial / Others:- (Please specify) _____	If Library, please indicate type:	Academic / National/Public / School / Special
Address			
City / State (if applicable)		Country	Singapore / Others:- (Please specify) _____
Zip/Postal Code		Fax	
Telephone		Pager	
Handphone		Email	
URL			

Please tick the box for your preferred mailing address:				
Letters/Correspondences	<input type="checkbox"/>	Residential Address	<input type="checkbox"/>	Employment Address
Emails	<input type="checkbox"/>	Residential Address	<input type="checkbox"/>	Employment Address

Academic Qualifications				
Type	Level***	Name of Qualification Awarded	Name of School / Institution Attended	Year Awarded
Non-LIS Academic Qualification	GCE "O" Level / GCE "A" Level / Diploma / Degree / Post-graduate qualification / Others			
LIS Professional Qualification	Certificate / Advanced Certificate / Diploma / Degree / Post-graduate Diploma / Masters / Doctorate / Others			

\*\*\* Level – please indicate only highest level attained

Please tick the box for the appropriate option	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to register my interest in the Special Libraries Section (SLS)*. Please keep me updated on SLS matters.
<i>*SLS is open to all LAS members and has a focus on special libraries in the academic, government and corporate sectors.</i>	

Please provide information of course attending (if still studying):	
Name of Programme	
Name of Qualification to be Awarded (if different from name of programme)	
Name and Country of Institution Attending	
Expected Year of Completion	

Declaration			
I declare that the information provided above is true and accurate.			
Payment Information			
Payment Method	Cash / Cheque	Amount Paid	S\$
If payment by cheque, please make payable to "Library Association of Singapore"			
Bank		Cheque No.	
Signature		Date:	
For official use only:			
Receipt No.		Receipt Date	

Mail your application to:

Library Association of Singapore  
c/o National Library Board  
100 Victoria Street #14-01  
Singapore 188064