



MEMBERSHIP FORM AT THE LIBRARY

N° Registration :.....

Name: Mr/Mrs/Ms

First name:

Date of birth:

Address:

E-mail / Facebook:

Contact phone :

Profession :

Nationality :

Number of passport / of national identity card:

Register and pay for this purpose the sum of (in words) :

Either:..... Kyats

N° of receipt :.....

Done at Yangon, on the.....2019

Signature :.....