



Associate Membership Application:  
(Temporary students)  
The Center for Library Resources and  
Educational Media, Walailak University

I, (Mr, Ms, Mrs).....Year.....Olds Passport no.....  
Cellular phone.....E-mail.....Facebook.....  
Line ID.....Residence address at.....  
.....  
School of /Agency .....  
Project .....Duration.....  
Advisor .....Office telephone no./Extension no.....

I would like to apply for library membership. The Center for Library resources and Education media and will follow the rules All regulations. In addition, if the various rules and regulations are violated. Will allow The Center for Library Resources and Educational Media to suspend the right to use the service and collect damages incurred as appropriate

Signature .....Applicant

(.....)

Date .....Month.....Year.....

Certification from the agency/school

I ..... Affiliation/Agency.....

I hereby certify that (Mr./Mrs./Miss).....was actually a participant in the above training. If there is a violation of the rules and regulations of the Center for Library Resources and Educational Media that causes damage I am happy to coordinate and supervise to compensate for every every damage has occurred

Signature .....Certifier

Date.....Month.....Year.....

WU Library Officer

Officer Full name.....Date/ Month/ Year.....

WU Library membership no.....Membership Expire date.....

Note .....