



**LEARNING RESOURCE CENTRE  
MEMBERSHIP FORM  
(ACADEMIC & ADMINISTRATIVE STAFF)**

**SECTION A: PERSONAL DETAILS**

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Staff ID. No.	<input type="text"/>
IC / Passport	<input type="text"/>	Designation	<input type="text"/>
School/Dept.	<input type="text"/>	Contact No.	<input type="text"/>
E-mail	<input type="text"/>		
Address	<input type="text"/>		

**SECTION 2: DECLARATION**

I declare that the information provided by me in this membership form is true and correct.  
I agree to abide by all rules and regulations of Berjaya UCH, Resource Learning Centre.

Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
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**SECTION 3: FOR OFFICE USE**

Expiry Date	<input type="text"/>		
Issued By	<input type="text"/>	Date	<input type="text"/>