Maldives Library Consortium

Membership Application Form

Membership No:
MLC-

Institute Information			
Institute Name			
Address			
Street			
Post Code			
City/Atoll/Island			
No. of Campuses			
No. of FTE (full-time equivalent) Students			
No. of Staff (academic and administrative)		Academic:	Administrative:
Phone		Fax	
Email			
Website			
Public IP address(s) or IP block			

Focal Point Contact Information			
Contact Person 1 (primary contact person)*			
Full Name			
Designation (librarian recommended)			
Phone		Fax	
Email			
Contact Person 2			
Full Name			
Designation			
Phone		Fax	
Email			

**Please indicate the primary contact for your institute*

Authorised Signature and Stamp
Date:

MLC USE ONLY		OFFICE USE ONLY	
Received by:	Signature:	Received by:	Signature:
Date:	Time:	Date:	Time:
Comments:		Comments:	