	For office use		
	Receipt Number:		
	Admission Number:		
Application form for the membership of	f the Public Library of		
am employed / not employed and request a n	f the area of Angunakolapalessa Pradeshiya Sabha. I membership card for the purpose of lending books. I agree to act in accordance with the minute pertaining		
1. Name :	Signature:		
2. Address :	Date:		
3. Occupation:	Age:		
Note: Every applicant has to pay a sum of Rs. 158.0	00 to obtain the membership		
This application has to be attested by one of f	-		
Member of Parliament	6. Member of Library Board		
2. Justice of the Peace	7. Recognized Doctor or Lawyer		
3. Government Principal	8. Officer who receives an annual salary not		
4. Priest	less than Rs. 74160/=		
5. Member of Angunakolapalessa Prade	. Member of Angunakolapalessa Pradeshiya Sabha.		
Above applicant is trustful that he / she will the under signed is hereby recommended for	use library books for his / her benefit and he / she the membership of the library.		
1. Name:	Signature:		



3. Address:

2. Designation:

Date :

Declaration of the Guarantor

I, under signed, permanent resident in the area of Pradeshiya Sabha and owner of a immovable property worth over Rs. 500000.00 hereby covenant and agree that I am prepared to pay any compensation decided by the Sabha in the event of loss or misplacement of any book or magazine of the library by the above named member.

Name	:	
Signtu	are :	
Perma	nent address :	
I hereb	by certify that the Guarantor is a resident of this division and town.	the following signature is his
Signat	ture of Grama Niladari :	
1.	Signature of the member:	
2.	Address :	
3.	Membership Number:	
for len	obtained the membership of lending section of the public library ading purpose. I am well aware that I am bound to adhere follows membership is cancelled.	•
1.	Ticket should not be transferred to others.	
2.	I bear the full responsibility of books which I obtain fr membership card.	om the library through the
3.	When the membership card is lost, the librarian should be must take the responsibility of any books I have already obtain	•
4.	To use books with very care and clean protecting them fro other damage.	m rain, sun or sweat or any
5.	I further agree to provide my support to the librarian as a mer library by means of paying money for losses or surcharge or	
6.	To inform librarian immediately any change of my postal add	lress.
Date:		
	S	ignature of the member
Recon	nmendation of an authorized officer:	



(For office use)			
Librarian,			
I hereby approve the applicant named of the public library.	for the membership		
Date :			
	Local Govt. Institution Officer.		

