

ATEN Library Membership Application Form



1. Please send the completed form to Mr. Akrit Balami (atenlibrary.akrit@gmail.com) and copy Ms. Esther Rai (esther.rai@atenlibrary.org)

2. Please attach a request letter for ATEN membership on your Institution's letterhead.

Thank you for taking time to complete your application carefully and we look forward to welcoming you to ATEN.

Institutional Information

Type of Application

Type of Institution

Full Name of the Institution

Registered Address

Year of Establishment Head of the Institution

Official Email Address

Tel. Website

Purpose of Membership

About your Institution (optional)

Contact Person

Gender

Title: Mr. Mrs. Ms. Dr. Pastor

Full Name

Official Email Address

Position Tel. Mobile

I am an authorized representative of this institution and I affirm that all information submitted on this form is true and accurate.

Seal of the Institution

Signature

Date (DD/MM/YYYY)

Print Form