

Unisa Library Membership Application Form

Unisa Contract/Staff No (For Tutors):	ID No:
Surname:	Initials: Title:
College:	College Co-ordinator.:
Residential/Postal Address during Term	Next of Kin details (not living with you)
	Name:
	Surname:
	Residential Address:
Code:	Code:
Telephone:	Telephone:
Cell No:	Cell No:
Email:	Email:
Company:	
•	
•	
Recommended by:	
Unisa contract start date:	End date:
_	
I will collect requested item(s) at my nearest U	nisa Branch Library
I will collect requested item(s) at my nearest SA	A Post Office branch
I, the undersigned, hereby undertake to abide by the reg	gulations of the Unisa Library
Signature:	Date:
Please attach copy of contract in the case of tutors	
For Office Use Only	
Processed By:(Initials & Surname)	Date: