

AFBI Library Membership Application

Surname: (Prof / Dr / Mr / Mrs / Ms):

Forename(s):

Work Address:

.....

E-mail address:

Telephone:

If you are a STUDENT / RESEARCHER please provide the following additional information:

Home Institution:

Student Type: UG / PG / Researcher (Please specify):

Name of AFBI Supervisor (Please print):

Home Address:.....

.....

Expected end date of study or research:

.....

I agree to abide by Library rules **Contract end date (if applicable):**

Signature: Date:

.....

Please outline your field of work or research and tick the boxes to indicate Library services most likely to be of interest to you:

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E-journals Databases Literature searches Library Catalogue Endnote training

Citation Alerts Advice & Training in use of library resources

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AUTHORISATION – To be completed for all applications

Recommendation by Project Leader (Please Print):

Signature of Project Leader:

Authorisation from Head of Branch (Please Print):

Signature of Head of Branch: Date: