



Library and Information Science Professionals' Association (LISPA)

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Membership Form

Mr./Ms./Dr./Prof				
NAME OF APPLICANT (IN CAPITAL LETTERS)				
First Name				
Middle Name				
Last Name				
OFFICE DETAILS				
Designation				
Name of the Institution/Organization				
Address				
	Phone			
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RESIDENTIAL ADDRESS				
				PIN
MAILING ADDRESS (PLEASE ON THE APPROPRIATE)				
Office			Residence	
WORKING EXPERIENCE				
TYPE OF MEMBERSHIP (PLEASE ... WHICHEVER APPROPRIATE)			SUBSCRIPTION AMOUNT	
Ordinary/Annual			200 + 800 (UGC)	
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