



Library and Information Association of South Africa

2018

 New membership Renewal of membership

**Individual membership
for the membership period**

1 January 2018 to

31 December 2018

Membership number:

**Please note: a number of fields
were added to the form to gather
data required by SAQA**

First and middle names:

(As it appears in your identity document)

Last name: Title: Dr Ms Mrs Mr Prof

ID Number: Female Male

Preferred postal address:

Town/City: Province: Postal code:

Tel number: Cell number:

Email address:

(Please write in block letters and legibly)

Current highest qualification: Matric: Diploma: B Degree: Post graduate:

Disability: Yes: No: Home language: T-shirt size:

Nationality: South African: Other: Specify: Citizenship: SA: Other: Dual

Equity: African: Asian: Coloured: White: Other, please specify:

Name of employer / institution / library:

Interest Groups: You may belong to two groups. Please select your 1st and second choices from the list below.

	1st choice	2nd choice		1st choice	2nd choice
Bibliographic Standards (IGBIS)			Public and Community Libraries (PACLIG)		
Higher Education Libraries (HELIG)			Research, Education and Training (RETIG)		
ICT in Libraries (ICTLIG)			School Libraries and Youth Services (SLYSIG)		
Interlibrary lending (ILLIG)			Special Libraries (LISLIG)		
Marketing and Advocacy (MAIG)			Support Staff (SSIG)		

Membership categories:

Individual member (from South Africa)*	R 580,00
Individual member (from African countries)	R 870,00
Individual member (International)	R 870,00
Full time student, Intern**	R 290,00
Pensioner	R 290,00
Unemployed	R 290,00
Volunteer	R 290,00
Donation towards the Presidents' Fund	R
TOTAL AMOUNT DUE BY YOU IN 30 DAYS	R

VAT number:

Order number:

Banking details:

Bank: First National Bank

Branch: Pretoria (251-445)

Name: LIASA

Number: 5325 1066 743

* Recruiter

Recruiter's membership number:

** Student number

Name of institution

Send your completed and signed form, with a clear copy of the proof of payment, to **membership@liasa.org.za**. LIASA does not take responsibility for payments received without your LIASA membership number OR name and surname as a reference.

**By signing this form I agree to abide by the LIASA
Constitution and Rules, as well as the LIASA Code of
Conduct.**

Date:

Signature: