

Library Membership Application Form
American University of Kuwait Library

Applicant Name: _____

Category: _____
(Faculty Spouse/ Alumni/ CCE Student/ Organizational Member/ Visiting Researcher)

Profession: _____

Institution: _____

Mailing Address: _____

City: _____

Phone:
(Work) _____ (Home) _____ (Mobile) _____

Email Address: _____

Please indicate if this:

☐ A new membership **or** ☐ Renewal of an existing membership, Membership # _____

Six Months Membership Deposit (Refundable):

☐ Visiting Researcher/Alumni KD50 ☐ Organizational Member KD 350

Six Months Service Fee:

☐ Visiting Researcher KD 25 ☐ Organizational Member KD100 ☐ Other

Receipt No: _____

I agree to abide by the policies of the American University of Kuwait Library and to accept responsibility for all materials fees charged to my membership card by me. Members will not be entitled to access online databases remotely. I understand that my failure to abide by the rules and policies of the American University of Kuwait Library may result in suspension or revocation of member privileges. New library members will receive an identification card. Library membership lasts for six months and is renewable.

According to the rules, I agree to pay for or replace any lost/damaged book.

Signature _____ Date _____

Documents required:

- Copy of Civil ID or Passport.
- To Whom It May Concern letter from work place.
- 1 photo

For Office Use Only:

Member ID Number: _____ **Date**
Paid: _____

Library Administration: _____
Signature: _____