Library Membership Application Form

American University of Kuwait Library

Name (personal name required)_____

Category_____

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 #_____

Annual Membership Fee: **KD80 Refundable**

Semester Membership Fee: **KD40 Refundable**

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 American University of Kuwait Library may result in suspension or revocation of member privileges. New library members will receive an identification card. Library memberships last one year (12 months) and are 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.
- 2 photos

For Office Use Only:

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

Library Administration:_____ **Signature**:_____