



LEARNING RESOURCE CENTRE MEMBERSHIP FORM (ACADEMIC & ADMINISTRATIVE STAFF)

SECTION 1: PERSONAL DETAILS

No.

Name

Date of Birth

Staff ID. No.

IC / Passport

Designation

School/Dept.

Contact No.

E-mail

Address

SECTION 2: DECLARATION

I declare that the information provided by me in this membership form is true and correct.
I agree to abide by all rules and regulations of BERJAYA UCH, Resource Learning Centre.

Signature of Applicant

Date

SECTION 3: FOR OFFICE USE

Expiry Date

Issued By

Date