

TANZANIA LIBRARY AND INFORMATION ASSOCIATION

Tel: +255754296134
+255754350218
E-mail : info@tla.or.tz
Website: <https://www.tla.or.tz>



P.O. Box 33433
Dar es Salaam
TANZANIA

INSTITUTIONAL MEMBERSHIP APPLICATION AND REGISTRATION

A. Name of organization/Institution/Government Ministry (Library Authority)
.....

Address:

P.O Box

Email:.....

Cellular Phone No.

Telephone No:

Fax:.....

B. Main functions of the organization:.....

C. Size of the library in terms of:

Number of staff.....

Number of Volumes (books etc.)

Number of users/readers

D. Type of the library (tick appropriately)

Academic () Public () School () College ()

Any other (please specify)

E. DECLARATION

This organization hereby applies for registration as an institutional member of the Tanzania Library and Information Association and shall abide by all provisions of the constitution.

.....

Name and position of the officer

Date (Stamp)

.....

Signature

F. For official use only:

Date received Registration No.