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: ________________