

# Indian Theological Library Association

(Form – II)

## Regular/Associate Membership

1. Name of the Institution :
2. Name of the Head of the Institute/ Librarian :
3. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Other Information:
  - a) Phone : \_\_\_\_\_
  - b) Website/URL : \_\_\_\_\_
  - c) Email : \_\_\_\_\_
5. Name of the Librarian/Incharge :  
(Who will be invited to participate/attend ITLA meetings)
6. Do you want to avail the ITLA training program : Yes / No
7. Membership Fee Information :
  - Amount # : \_\_\_\_\_
  - DD/MO No : \_\_\_\_\_
  - Date : \_\_\_\_\_
  - Bank : \_\_\_\_\_
  - Incase of DD : Indian Theological Library Association, Pune
  - Period : \_\_\_\_\_

We would like to join ITLA as Institutional member. Herewith we have enclosed payment and filled in library profile form to include us in the directory.

\$(Rs. 300.00 annual subscription)

Date:

Signature

(Head of the Institution / Librarian / Library Incharge)

Send the filled in form along with payment to :

**Mr. S. Yesan, Executive Secretary**

**Indian Theological Library Association, SAIACS, Kothanur Post, Bangalore – 560 0077**

**Ph: 080 – 28465235 / 649, Fax: 080 – 28465412, email: [itla\\_in@yahoo.com](mailto:itla_in@yahoo.com)**

**DD may be drawn infavour of INDIAN THEOLOGICAL ASSOCIATION, PUNE. MO may be sent to the Secretary.**