

JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY LIBRARY SERVICES DEPARTMENT STUDENT MEMBERSHIP FORM

| NAME: | ADM.NO.: | | |
|--|-----------------------|------------------------------|---------|
| COURSE: | | | |
| MAIN CAMPUS ☐ KISUMUCAMPUS ☐ SIAYA (| CAMPUS | NAMBALE CAMPUS |] |
| LEVEL: CERTIFICATE | DIPLOMA | | |
| UNDERGRADUATE □ | POSTGRADUATE DEGREE □ | | |
| | | | |
| OCCUPATION: HOME COUNTY: | | | |
| E-MAIL ADDRESS: | | | |
| I wish to state that all the above information is to the best of my | | | |
| sincerely undertake to abide by the rules and regulations of the lib | _ | truth concerning my particul | ars and |
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| SIGN: | DATE: | | |
| APPROVED BY: DATE: | | | |
| JARAMOGI OGINGA ODINGA UNIVER LIBRARY SERVIC STUDENT MEMB | CES DEPARTMENT | AND TECHNOLOGY | |
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| LEVEL: CERTIFICATE | DIPLOMA | | |
| UNDERGRADUATE □ | POSTGRADUATE DEGREE □ | | |
| OCCUPATION: | BOX NO.: | | |
| HOME COUNTY: | GENDER: | | |
| E-MAIL ADDRESS: | MOBILE NO: | | |
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