



## MEMBERSHIP REQUEST

### PERSONAL DATA

First name											Last name												
Personal Identification Number (OIB)												or	Croatian ID Card Number										
Passport Number <i>(only for foreign citizens)</i>																							
Phone											Email												

### PLACE OF RESIDENCE

Street and street number											City / Town										
Postcode						State						Phone									

### MEMBERSHIP DURATION

*Please mark a period*

<input type="checkbox"/> one year											<input type="checkbox"/> two years										
<input type="checkbox"/> a month						<input type="checkbox"/> a week						<input type="checkbox"/> a day									

### MEMBER STATUS

*Please mark your current status*

<input type="checkbox"/> full-time undergraduate student in Croatia											<input type="checkbox"/> part-time undergraduate student in Croatia										
<input type="checkbox"/> full-time graduate student in Croatia											<input type="checkbox"/> part-time graduate student in Croatia										
<input type="checkbox"/> postgraduate student in Croatia											<input type="checkbox"/> faculty member										
Name of institution																					
<input type="checkbox"/> member of scientific and/or cultural sector						<input type="checkbox"/> foreign university student						<input type="checkbox"/> citizen									
<input type="checkbox"/> retired person						<input type="checkbox"/> secondary school graduate															

Date

Signature

### MEMBERSHIP TERMS AND CONDITIONS

By signing this request I comply with user policies stated in the *Terms and Conditions of Using Resources and Services of the National and University Library in Zagreb*.

I hereby confirm that all data provided above are accurate and that the Library may use them exclusively for identification purposes.

All the above-stated data are considered confidential and the Library will not use them for any other purposes than those stated here.