

MEMBERSHIP FORM

MCAST LIBRARY AND LEARNING RESOURCE CENTRE

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EMAIL		DATE	
INSTITUTE & COURSE (CODE/TITLE/YEAR)			

Student Lecturer Administrative Staff Visitor Full-time Part-time

I declare that the information given in this form is correct. Incorrect data may disqualify this application. This information will be collected and processed by MCAST in accordance with its applicable Privacy Notice. I also agree to use the Library according to current regulations as available at <http://www.mcast.edu.mt/164>

OFFICE USE	USERNAME	SIGNATURE
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