

IGeLU REGISTRATION FORM

You are kindly requested to fill in applicable fields.

Institution	
Institution Name	
Address	
VAT code	
Postal code	
City	
State code (US only)	
Country	
Homepage URL	http://www.
OPAC URL	http://
Contact person	
Ms./Mr.	
First name	
Last name	
Phone	
Fax	
Email	
Address where to send the invoice (if different from above)	
Institution Name	
Address	
Postal code	
City	
State code (US only)	
Country	
Email	

Please mark the appropriate check boxes with a cross:

On behalf of the institution named above, I declare that this institution will become a member of IGeLU (International Group of Ex Libris Users). I have read the Statute of IGeLU and agree on it. I know, that membership is valid only, after the annual membership fee (EUR 250,00) has been paid.

I wish the invoice to be sent by airmail fax

My institution is using Aleph MetaLib SFX Digitool Verde

Voyager Jos Primo Rosetta bX Meridian

Date :

Signature and company stamp: