

FOR OFFICE USE ONLY

Date Form Completed:		Surname:	
ID:		First Name:	
Category:		Borrower Number:	



MEMBERSHIP APPLICATION

SURNAME		FIRST NAME(S)			MR/MRS/MISS/MS/MASTER/OTHER <i>(specify)</i>	
DATE OF BIRTH	AGE	ETHNIC GROUP <i>(please tick one box)</i>				
		White	Mixed	Asian	Black	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS						
					POSTCODE	
TELEPHONE NUMBER						
E-MAIL						
APPLICATION BY CHILD, YOUNG PERSON OR GROUP						
GUARANTOR'S DETAILS		For children 15 years or younger, or when joining the library for a group or a class, a <u>responsible person</u> must fill in this part of the form				
RELATIONSHIP TO CHILD/GROUP					MR/MRS/MISS/MS/OTHER <i>(specify)</i>	
NAME						
ADDRESS						
					POSTCODE	
TELEPHONE NUMBER						
E-MAIL						
BORROWER NUMBER						

I agree to be responsible for the items borrowed on this card and to observe the library management rules.

Signature: **Date:**