

Application form for Library Membership

Your Child's Details:

Surname Forename(s)
Address Age
..... Date of Birth
..... Boy/Girl.....
Postcode Tel No.
Email..... Ethnic Origin
Do you consider your child to have a Disability? Y/N 1st Language

Your Details (as guarantor):

Title Mr / Mrs / Miss / Ms
Surname Forename(s)
Relationship (Parent / Guardian / other).....
I agree to act as guarantor for the above child and to comply with Library Regulations

Your signature (as guarantor)

If you are a library member please give your membership number

.....

Your address (if different):

.....

.....

Postcode E-mail

To be completed by Library staff

Card No.

School/Pre-school

Date