

Please Print Clearly in ink

** indicates required*

Title Mr Mrs Miss Ms Other

***Surname**

***First name(s)**

Date of Birth

Sex Male Female Other

Would you like to receive details of library events and services by email?

Yes No

***Postcode**

***Address**

Email Address

Telephone Mobile

Telephone Work

Telephone Home

If you have dependent children you wish to become library members who live at the same address as you please complete this:

Child's name

***Date of birth**

About You

We would like to provide services to meet everyone's needs.

Ethnicity (Source: UK Census 2011):

White

British Irish Gypsy/Irish Traveller

Any other White

Mixed

White and Black Caribbean White and Black African

White and Asian Any other Mixed

Asian or Asian British

Bangladeshi Indian Pakistani Chinese

Any other Asian

Black or Black British

African Caribbean Any other Black

Other Ethnic Group

Arabic Any other

Prefer Not To Say

Do you consider you have a disability?

Physical Learning Visual Hearing

Other

Are you joining because you want to download or access online reference resources or the eLibrary?

Yes No

Join your Library

I agree to be responsible for all items borrowed using this membership card. I will pay for any loss, damage or other charges incurred.

If you are under 16 your parent or guarantor will need to sign.

Signature

Parent/Guarantor's membership number or full name and address:

.....
.....
.....

Children under 16 need parental permission to use public library computers to access the internet:

I give permission I do not give permission

Buckinghamshire Libraries (including our Community Library partners) are part of the SELMS consortium. Your borrower record will be held on a shared database but your details will only be available to staff in another authority if you choose to borrow or reserve items from that authority. If you have any other questions, staff at your library will be happy to explain. All data is held strictly in accordance with the requirements of Data Protection.

View our Privacy Policy at: www.buckscc.gov.uk/privacy

Staff Use Only:

Library Membership Number(s)
.....
.....

MAY 2018

Please complete this form and provide proof of name and current address. If you are under 16 your parent/guarantor will need to sign the form and show proof of their identity.

01296 382415

We welcome Text Relay calls prefix 18001

library@buckscc.gov.uk

www.buckscc.gov.uk/libraries

