

APPLICATION FORM TO JOIN

Title (Mr/Mrs/Ms/Miss etc) _____ Male Female Date of birth

First name _____ Surname _____

Permanent address _____

Postcode _____

Email _____

Tel (home) _____ Tel (mobile) _____

Please select how you would like to be contacted about overdue and request notices.

Please tick - Email SMS

I would like to receive promotional information from Libraries NI about events and services via email.

Please tick - Yes No

If you have a disability please tell us. You may be exempt from some charges and we can improve our services for you.

If you have a disability please tick - Hearing Sight Mobility Other

To which one of these ethnic groups do you consider you belong?

Please tick one -

White Chinese Irish traveller Indian Pakistani Bangladeshi
Black Caribbean Black African Black other Mixed Other

What is your first language?

English Irish Ulster-Scots Polish Lithuanian

Slovak Latvian Hindi Punjabi Cantonese

Tagalog Portuguese Other _____

For membership please tick boxes underneath.

I agree to comply with Libraries NI Byelaws

I agree to pay for any items lost or damaged whilst borrowed on my library card

To view Libraries NI's privacy statement please visit www.librariesni.org.uk or ask staff for a copy.

Signature _____ Date _____

GUARANTOR FOR BORROWERS UNDER 16

Title (Mr/Mrs/Ms/Miss etc) _____ Please tick - Male Female

First name _____ Surname _____

Permanent address _____

Postcode _____

Email _____

Tel (home) _____ Tel (mobile) _____

Please state relationship to child _____

I would like to receive overdue and request notifications for my child. Please tick -

Please select how you would like to be contacted about overdue and request notices (tick box)

Please tick - Email SMS

For membership please tick box underneath.

I agree to be responsible for the items borrowed, use of facilities and compliance with the byelaws by the person named and to pay any charges incurred

Signature _____ Date _____

OFFICE USE ONLY

Method of ID Driving licence Household bill Letter from library

Other (please specify) _____

Borrower number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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