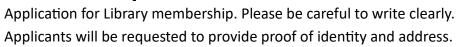
## Membership





Title: Mr / Mrs / Ms / Miss /Master / Other please specify:			Date of birth (DD/MM/YY	)				
SURNAME: FORENAME(S):								
Home address including postcode:								
Phone number:			Mobile number:					
Email address (please use lower and/or upper case, as appropriate for your email address):								
Alternative address, e.g. business, university, etc. (if applicable)								
Alternative phone number:								
How would you like to receive information about library account? Tick ONE only:								
	ext (SMS)		Post					
We would like to email you about o	changes to our service	s, events	and offers.					
Would you like to receive:								
Library information only Library and Council information No information								
Disabilities / conditions. Please tick any that apply								
Disability / Condition	Code (office use)	Disabilit	y / Condition	Code (office use)				
None	NONE	☐ Mob	ility restricted	MOBILITY				
Prefer not to say	DEC	☐ Men	tal illness (substantial)	MENTAL				
☐ Visually impaired	VISUAL	Long	term progressive illness	LONG				
☐ Dyslexic	DYSL	☐ Mem	nory loss	MEMORY				
Hearing impaired	HEAR	Lear	ning difficulties	LEARN				
Deaf BSL user	BSL	Othe	r (unspecified)	ОТН				
What prompted you to join the library today?								
, , , , ,								

Ethnic origins. Please tick the one that best describes your ethnic origin						
White	Code (office use)	Asian or Asian Brit	Code (office use)			
British	WB	Bangladeshi		AB		
☐ Irish	wı	Indian		Al		
Gipsy / Traveller	WT	Pakistani		AP		
Other white	ow	Other Asian	OA			
Mixed or mixed British		Black or Black British				
White and Asian	MA	African	ВА			
White and Black African	MB	Caribbean	BC			
Origins unknown		Arab				
Unknown	UNK	☐ Arab AR				
Language: What is your first language?						
Signature:	In order for Library Authorities to comply with our legal obligation to manage your data, we need your signature to demonstrate that you have given your consent					
Data Protection: The personal details provided by you will be held on a database, and any access to or disclosures of such details is subject to the provisions of the Data Protection Act 1998. The information will be accessible by Bath and North East Somerset, Bristol, Borough of Poole, Dorset, North Somerset, South Gloucestershire, and Somerset libraries services for the purposes of administering library services and to enable you to use libraries across Libraries West. If you wish to view or change your details at any time, please go online to <a href="https://www.librarieswest.org.uk">www.librarieswest.org.uk</a> or ask a member of library staff. Your data will automatically be deleted if you request us to do so, or if your account has been idle for 2 years.  Please tick:   I understand and agree						
Guarantor's information: must be filled in for all children under the age of 15						
For use by: Parent / Guardian of the child under the age of 15 years named overleaf  Or Guarantor for the adult applicant named overleaf						
Full name:						
Address including postcode:		Relationship to child / applicant (eg parent / neighbour)				
<b>Declaration:</b> I confirm that this applicant is resident at the address stated, and I agree to take responsibility for their library usage, including any charges incurred.						
Signature:	Date:					
Membership card number (office use):						