# Membership

Application for Library membership. Please be careful to write clearly.
Applicants will be requested to provide proof of identity and address.

Somerset Council

| **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)**<br><br>**Alternative phone number:** | |

**How would you like to receive information about library account? Tick ONE only:**

☐ Email ☐ Text (SMS) ☐ Post

**We would like to email you about changes to our services, 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) | **Disability / Condition** | Code (office use) |
|---|---|---|---|
| ☐ None | NONE | ☐ Mobility restricted | MOBILITY |
| ☐ Prefer not to say | DEC | ☐ Mental illness (substantial) | MENTAL |
| ☐ Visually impaired | VISUAL | ☐ Long term progressive illness | LONG |
| ☐ Dyslexic | DYSL | ☐ Memory loss | MEMORY |
| ☐ Hearing impaired | HEAR | ☐ Learning difficulties | LEARN |
| ☐ Deaf BSL user | BSL | ☐ Other (unspecified) | OTH |

**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 British** | Code (office use) |
| ☐ British | WB | ☐ Bangladeshi | AB |
| ☐ Irish | WI | ☐ Indian | AI |
| ☐ Gipsy / Traveller | WT | ☐ Pakistani | AP |
| ☐ Other white | OW | ☐ Other Asian | OA |
| **Mixed or mixed British** | | **Black or Black British** | |
| ☐ White and Asian | MA | ☐ African | BA |
| ☐ 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 www.librarieswest.org.uk 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)

**Declaration:** 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):