Membership no.....
Date issued.....
By.....
Id seen .....

Adult Membership Form

Membership is **free, however a small donation towards the running would be welcome.**
Please complete this form in CAPITALS. You will need to present it to a member of library team with one offical document proving your name and address.

Family name: _____ **Title:** ____ **First name:** _____

Address: _____

_____ **Post code:** _____

Telephone No: _____ **Mobile No:** _____

Email address: _____ **Date of birth:** _____

Please tick the relevant boxes below:

☐ Male ☐ Female

Do you read another language? ☐ Yes ☐ No

Please provide details of language: _____

Do you have a disability? ☐ Yes ☐ No

If yes, what is the nature of your disability? ☐ Physical ☐ Mobility ☐ Hearing ☐ Visual ☐ Other

How would you prefer to be contacted by the library? ☐ Email or ☐ Text message (SMS)

Please tick the box which best describes your ethnicity:

☐ **Asian/Asian British – African Indian**
☐ **Asian/Asian British – Bangladeshi**
☐ **Asian/Asian British – Indian**
☐ **Asian/Asian British – Pakistani**
☐ **Asian/Asian British – Any other**
☐ **Black/Black British – African**
☐ **Black/Black British – Caribbean**
☐ **Black/Black British – Any other**
☐ **Chinese**
☐ **Filipino**
☐ **Mixed – White and Asian**
☐ **Mixed – White and Black African**
☐ **Mixed – White and Black Caribbean**
☐ **Mixed – Any other**
☐ **Moroccan Arab**
☐ **Other Arab**
☐ **Somalian**
☐ **White - British**
☐ **White - Irish**
☐ **White – Other European**
☐ **White – Any other**
☐ **Any other**

I certify that the details are correct.

I apply for membership of North Harrow Community Library (NHCL) and agree to observe the NHCL terms and conditions. (Please ask if you wish to see a copy of the terms & conditions).

NHCL collects personal information when you register with us to become a member. We will use this information to provide the services requested, and if you agree to send marketing & fundraising information NHCL will not share your information for marketing purposes with any other organisation. For more information explaining how we use your information please see our privacy policy.

I would like to receive futher information on your events, services and fundraising ☐

Signature Date