Membership no.....
Date issued.....
By.....
ID Seen.....

Young Persons Membership Form (under 16)

Membership is **free, however a small donation towards the running costs 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 ☐ Post

Please tick the box which best describes your ethnicity (you do not need to provide this) :

- ☐ **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**

If you are under 16, please ask your parent or guardian to fill in this section and provide one offical document proving their name and address.

I am the parent or guardian of the applicant. I certify that the details are correct and accept responsibility for the items borrowed from North Harrow Community Library (NHCL)

I give premission to .....(name) to use the internet at the library.
YES/NO (delete as appropriate)

NHCL collects personal information when you register with us to become a member. We will use this information to provide the services requested only. For more information explaining how we use your information, please see our privacy policy.

Name Signature Date