

Darlington Libraries  
LIBRARY MEMBERSHIP FORM



Surname: ..... First name: .....

Mr / Mrs / Miss / Ms / Other: .....Male/Female (please circle)

Address:.....

.....Post Code: .....

Council Ward (If known).....Tel:.....

Email:.....Date of Birth:.....

Please complete the information overleaf

**I apply for membership of the library service and agree to take responsibility for items borrowed on my ticket**

**Signed**.....  
**Date**.....

Please help us to deliver the best possible service to all our communities by completing the following. Please tick the box which applies:

- |   |  |
|---|--|
| White – British <input type="radio"/>               | Asian or Asian British – Bangladeshi <input type="radio"/> |
| White – Irish <input type="radio"/>                 | Asian or Asian British – Indian <input type="radio"/>      |
| White – other <input type="radio"/>                 | Asian or Asian British – Pakistani <input type="radio"/>   |
| Chinese <input type="radio"/>                       | Asian or Asian British – other <input type="radio"/>       |
| Mixed white and Asian <input type="radio"/>         | Black or black British – African <input type="radio"/>     |
| Mixed white and Black African <input type="radio"/> | Black or Black British – Caribbean <input type="radio"/>   |
| Mixed – other <input type="radio"/>                 | Black or Black British – other <input type="radio"/>       |

Nationality.....First Language .....

Do you consider yourself to have a disability? Yes/No

If yes do you need any support or equipment to access the library and its services?.....

For library use only

Borrower number :

ID seen:.....

Concessionary: Y / N                      Senior Citizen: Y / N