



LIBRARY MEMBERSHIP FORM for under 18s

Surname:

First name:Master o Miss o

Address:.....

.....

Post Code:

Tel:.....E-mail:.....

Date of Birth:.....Age:.....

Council Ward:.....

Because you are under 18 you will need a guarantor to sign. This can be parent, grandparent or guardian, and they will need to fill in the form on the other side.

Signed	Date
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Are you (please tick)

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

Nationality.....

In which language do you like to read books:

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