

Library and Heritage Service
Application for Adult Membership



Please Use Block Capitals

Title (Mr, Mrs, Miss, Ms, etc) _____

Surname/Family Name _____

First Name _____

Address _____

_____ **Postcode** _____

Telephone Number _____ **Date of Birth** _____

Email Address _____

Are You: **Male** **Female**

Please help us to plan our services by providing the following information:

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

If so, please tick the box that best describes your disability.

Hearing **Visual** **Mobility** **Learning** **Other (please specify)**

This information will be stored on the Library Service's computer system which has been registered under the Data Protection Act 1998. It is confidential and will only be used to provide and develop council services.



INVESTOR IN PEOPLE