

Medway Libraries and Archives Membership Application

Please complete in BLOCK CAPITALS

Card number (library use only) _____

Title _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname _____	Telephone _____
First name(s) _____	Mobile _____
Address _____	e-mail _____
_____	Date of birth ____/____/____
Postcode _____	Tick to receive marketing <input type="checkbox"/>

Ethnicity (please tick one box)

White – English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>	Asian/Asian British – Pakistani	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>
White – Gypsy or Irish Traveller	<input type="checkbox"/>	Asian/Asian British – Chinese	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Asian/Asian British – Other	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black/Black British – African	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black/Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black/Black British – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian/Asian British – Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Applicants under 16 must have this section completed by a parent or guardian

Relationship _____	Address _____
Title _____	(If different from above) _____
Surname _____	_____
First name(s) _____	Postcode _____
Telephone _____	Mobile _____
Date of Birth ____/____/____	
Parent / Carer Signature _____	Date ____/____/____

I understand that this information will be held in compliance with the data protection law, and agree to observe the bylaws of the library service

Signature _____

Date ____/____/____

LIBRARIES FOR LIFE

www.medway.gov.uk/libraries

