

Children's Mobile Membership Application

School _____

Card number (library use only) _____

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

Ethnicity (please tick one box)

White – English / Welsh / Scottish / Northern Irish / British	Asian/Asian British – Pakistani
White – Irish	Asian/Asian British – Bangladeshi
White – Gypsy or Irish Traveller	Asian/Asian British – Chinese
White – Other	Asian/Asian British – Other
Mixed – White and Black Caribbean	Black/Black British – African
Mixed – White and Black African	Black/Black British – Caribbean
Mixed – White and Asian	Black/Black British – Other
Mixed – Other	Arab
Asian/Asian British – Indian	Other Ethnic Group

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 _____ / _____ / _____