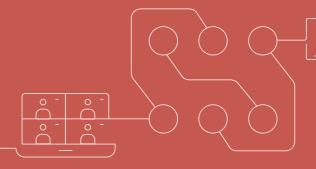


ST HELENS LIBRARY SERVICE

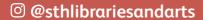
MEMBERSHIP APPLICATION FORM







f STHLibraries







I wish to apply for membership of St Helens Library Service

| Surname: Mr/Mrs/Miss/Ms First name: Date of Birth: Address: | | | |
|---|--|--|--|
| Postcode: | | | |
| Email: | | | |
| Telephone: Mobile: | | | |
| Gender | | | |
| ☐ Female ☐ Male ☐ Prefer to self-describe ☐ Prefer not to say | | | |
| We use your contact details to manage your account and to bring you news of council services. Please indicate how you prefer to be contacted. | | | |
| ☐ Email ☐ Telephone ☐ Mobile | | | |
| ☐ I agree to be contacted about events and activities taking place in libraries | | | |
| The parent/carer of children and young people must complete the sections below: | | | |
| ☐ I agree to my child joining the library (under 16 only) | | | |
| ☐ I agree to my child using Internet Services (under 16 only) | | | |
| Your name: Mr/Mrs/Miss/Ms | | | |
| Address (if different): | | | |
| | | | |
| Postcode: Telephone: | | | |
| Signature: Date: | | | |

| By completing the following sections our services meet your need | ls. | Office Use Surname: | |
|--|--|------------------------|--|
| Wheelchair User Limited Mobility | ☐ Hearing Impairment☐ Mental Health☐ Visual Impairment☐ Learning Difficulty | Me: | |
| Which of these Ethnic Groups be | = | | |
| _ | ☐ Pakistani☐ Any other Asian background☐ | First | |
| Black, Black British, Black Welsh | , Caribbean or African ☐ Any other Black background | First name: | |
| Mixed or Multiple Ethnic Groups | ☐ Any other mixed or multiple ethnic background | | |
| White ☐ English, Welsh, Scottish, | ☐ Roma ☐ Any other White background | Membership No: | |
| Other Ethnic Group Arab | ☐ Any other ethnic group | nip No: | |
| Prefer not to say | | | |
| I agree to the Library Service Tern council's Internet Policy | ns and Conditions, including the | | |
| anature: | Date: | | |

Office Use List Proof of ID seen:_____Staff Initials:_____

Library Membership Account Data Protection

The information provided on this form will help us to provide the services you have requested and will be processed in line with the General Data Protection Regulation (GDPR) Act. St Helens Library Service will not share your information for marketing purposes. To see our privacy policy visit sthelens.gov.uk/libraries

If you would like to become a member of St Helens Library Service, please take this application form to your nearest library along with one piece of identification, showing name and address.

Libraries@sthelens.gov.uk 01744 677293





Contact Centre

Wesley House Corporation Street St Helens WA10 1HF

Tel: 01744 676789

→ www.sthelens.gov.uk/contactus

Please contact us to request translation of council information into Braille, audio tape or a foreign language.