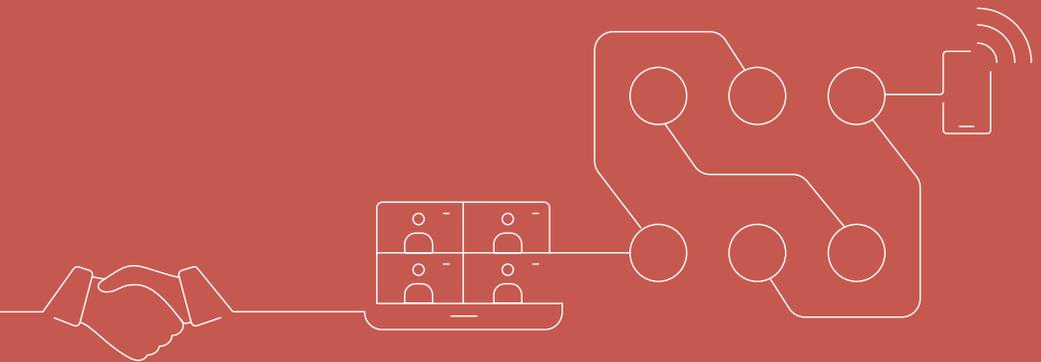




ST HELENS LIBRARY SERVICE

MEMBERSHIP APPLICATION FORM



 **STHLibraries**
 **@sthlibrariesandarts**



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:

By completing the following sections, you will help us to make sure our services meet your needs.
Do you consider yourself to have a disability? Yes No
 Physical Disability Hearing Impairment
 Wheelchair User Mental Health
 Limited Mobility Visual Impairment
 Limiting Long-term Illness Learning Difficulty
Other:

Which of these Ethnic Groups best describes you?
Asian, Asian British or Asian Welsh
 Bangladeshi Pakistani
 Chinese Any other Asian background
 Indian
.....
Black, Black British, Black Welsh, Caribbean or African
 African Any other Black background
 Caribbean
.....
Mixed or Multiple Ethnic Groups
 White and Asian Any other mixed or multiple ethnic background
 White and Black African
 Indian
 White and Black Caribbean
.....
White
 English, Welsh, Scottish, Northern Irish or British Roma
 Irish Any other White background
 Gypsy or Irish Traveller
.....
Other Ethnic Group
 Arab Any other ethnic group
.....
 Prefer not to say

I agree to the Library Service Terms and Conditions, including the council's Internet Policy

Signature: **Date:**

Office Use
Surname:
First name:
Membership No:

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



ST HELENS
BOROUGH COUNCIL

Customer Service Hub

Town Hall
Victoria Square
St Helens
WA10 1HP

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.