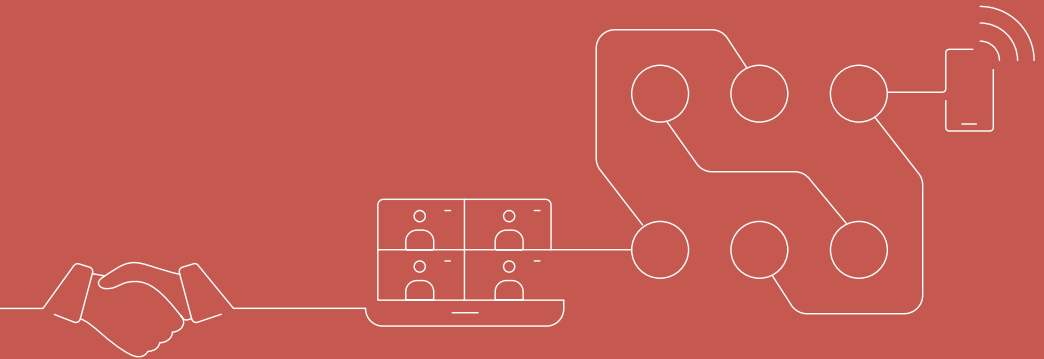




# ST HELENS LIBRARY SERVICE

# MEMBERSHIP APPLICATION FORM



 @STHLibraries

 STHLibraries

 @sthlibrariesandarts



ST HELENS  
BOROUGH COUNCIL

**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: \_\_\_\_\_

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, you will help us to make sure our services meet your needs.**

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

Physical Disability	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Wheelchair User	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Limited Mobility	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Limiting Long-term Illness	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>

Other: \_\_\_\_\_  
 \_\_\_\_\_

**Which of these Ethnic Groups best describes you?**

White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Mixed White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Not stated	<input type="checkbox"/>

Other: \_\_\_\_\_  
 \_\_\_\_\_

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](http://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.**

**[Libraries@sthelens.gov.uk](mailto:Libraries@sthelens.gov.uk)**

**01744 677293**



**ST HELENS**  
BOROUGH COUNCIL

### Contact Centre

Wesley House  
Corporation Street  
St Helens  
WA10 1HF

**Tel:** 01744 676789

**Minicom:** 01744 671671

→ [www.sthelens.gov.uk/contactus](http://www.sthelens.gov.uk/contactus)

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