

Idea Store Family Membership Form



Surname

First name

Date of Birth

Age

Address

Postcode

Email

Phone (home)

Mobile

Child / Children details

Name	Date of birth	Age	Female	Male	Internet allowed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Idea Store Family Membership Form

I apply for membership of the Idea Store / library for my family. I understand that I must comply with the library byelaws and regulations.

I certify that the details given are correct and accept responsibility for items borrowed by my children and where stated agree to my child / children using the internet.

Name

Signature

Date

All information on this form may be used to help us provide a better service. LBTH upholds the principle of the Data Protection Act. The information supplied by you will be held on computer.

If you would like to receive emails about activities and promotions in Idea Stores please tick

Are you? Male Female

Ethnicity: What do you think of yourself as?

Do you have a disability you want us to know about?

What is your faith (if any)?

For Staff use only

Card Number

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All boxes completed?

Yes

Accepted and entered by

