

Idea Store Membership Form

Ages 0-15



Surname

First name

Date of Birth

Age

Address

Postcode

Email

Phone (home)

Mobile

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

You must ask your parent or guardian to fill in this section:

I am the parent or guardian of the applicant. I certify that the details given are correct and accept responsibility for items borrowed.

I agree to my child using the internet

I do not agree to my child using the internet

Name

Signature

Email

Date

Card No

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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

