

It's free to join North Somerset libraries

# Application for membership



If you are aged 18 or over you will need to provide proof of your name and current address (e.g. driving licence or a recent utility bill)

Young people aged 15 or under, ask your parent or guardian to add their details and sign overleaf

Title (Mr/Mrs/Miss/Ms/Other)	F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Declined <input type="checkbox"/>
First name(s)	Date of birth        /        /
Last name	Age (if under 18)
Address	Email
	Telephone
	Mobile
Postcode	
Alternative address	

How would you like to receive notifications about your reservations and loans (please tick one only)?        Email     Text     Post (charges apply)

If you have provided an email address above, you will automatically receive a pre-overdue reminder via email 2-3 days before items are due.

Would you like to receive occasional news and events by email?

- Library only (including LibrariesWest)
- Library and related emails from North Somerset Council and our partners

Do you consider yourself disabled?        Yes     No

If yes, please give details of any access requirements, including details of your needs to access the library service's books and other media. For example, "I need large print books" or "I would require screen reader software to use a computer". You may also be entitled to concessions.

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If you would like to specify a 4-digit PIN, please write it here (otherwise it will be randomly generated)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## What is your ethnic group?

(please tick relevant box)

Code	Description	Tick (✓)
AB	Bangladeshi	<input type="checkbox"/>
AI	Indian	<input type="checkbox"/>
AP	Pakistani	<input type="checkbox"/>
AR	Arab	<input type="checkbox"/>
BA	African	<input type="checkbox"/>
BC	Caribbean	<input type="checkbox"/>
CH	Chinese	<input type="checkbox"/>
MA	Mixed White & Asian	<input type="checkbox"/>
MB	Mixed White & Black African	<input type="checkbox"/>
MC	Mixed White & Black Caribbean	<input type="checkbox"/>
OA	Any Other Asian Background	<input type="checkbox"/>
OB	Any Other Black/ African/Caribbean Background	<input type="checkbox"/>
OE	Any Other Ethnic Background	<input type="checkbox"/>
OM	Any Other Mixed/ Multiple Ethnic Background	<input type="checkbox"/>
OW	Any Other White	<input type="checkbox"/>
WB	White British	<input type="checkbox"/>
WI	White Irish	<input type="checkbox"/>
WT	Gypsy or Irish Traveller	<input type="checkbox"/>
DEC	Declined (prefer not to say)	<input type="checkbox"/>

## Religion or belief

(please tick relevant box)

Code	Description	Tick (✓)
BUD	Buddhist	<input type="checkbox"/>
CHR	Christian (all denominations)	<input type="checkbox"/>
HIN	Hindu	<input type="checkbox"/>
JEW	Jewish	<input type="checkbox"/>
MUS	Muslim	<input type="checkbox"/>
SIK	Sikh	<input type="checkbox"/>
NON	No religion	<input type="checkbox"/>
OTH	Other	<input type="checkbox"/>
DEC	Declined (prefer not to say)	<input type="checkbox"/>

## Data protection statement

The personal details provided by you will be held on a database and any access to or disclosures of such details is subject to the provisions of the Data Protection Act 1998. The information will be accessible by Bath and North East Somerset, Bristol, Borough of Poole, Dorset, North Somerset, South Gloucestershire and Somerset Councils. To view or change your details, visit [www.librarieswest.org.uk](http://www.librarieswest.org.uk) or ask a member of library staff. Your data will be automatically deleted on request (or if your account has been unused for two years).

Please sign to demonstrate that you have read the data protection statement and you give your consent for the local authorities to access your information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent/guardian of 0 to 15 year olds

Children can borrow a wide range of children's materials from birth. Children aged four and upwards can also borrow Young Adult (YA) books and audio books. From 12 years, young people can borrow from all sections of the library (except for age restricted DVDs). Parents/guardians should be aware that some books deal with adult issues.

I am the parent/guardian of the child overleaf. I agree that he/she will obey the library rules. I understand the conditions of library membership and consent to this application.

I give permission for my child to access the internet in any library.

Yes  No

Title (Mr/Mrs/Miss/Ms/Other)
First name(s)
Last name
Address if different from overleaf
Library card number (if member)
Is your child joining as a result of Bookstart? Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you like us to contact you (please tick one only)? Email <input type="checkbox"/> Text <input type="checkbox"/> Post <input type="checkbox"/>
Email address or mobile telephone number