

MEMBERSHIP APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME/FAMILY NAME:		
FIRST NAME(S):		
ADDRESS:		
		POSTCODE:
		DATE OF BIRTH:
EMAIL:		
TELEPHONE:		
MOBILE:		
PARENT/GUARDIAN CONSENT IF UNDER 16:		
SIGNATURE:		
DATE:		
Personal data collected on this form will be stored securely, and will not be passed on to any other organisation. We will use your E-mail and/or Address to contact you about items you have borrowed. Please tick each option that applies which you wish to receive e-mails for:		
Our Newsletter Events & Activities Films Information updates		
You can unsubscribe at any time.		
FOR OFFICE USE ONLY		
ID/PROOF OF ADDRESS:		MEMBERSHIP NO: