

Bridgend Library and Information Service Membership Application Form



Mr/Mrs/Ms/Miss (Please indicate as appropriate)

Surname : _____ First name(s) : _____

Address : _____

Postcode : _____ Date of Birth : _____

Telephone : _____ Mobile phone : _____

Email Address : _____

We would like to have your email address so that we can contact you about books you may order, alert you if your books are about to be overdue and let you set up notifications telling you about new books you may be interested in. We will also use it to inform you about services that the library service offers.

Do you consent to this? YES/NO

We would also like to inform you about events and services offered by other council departments. Do you consent to the sharing of your information as contained in this membership application to be shared with other council departments for the purpose of providing you with information about events and services offered by those other council departments? **YES/NO**

I hereby apply for a Library membership card, printed in **ENGLISH/WELSH** (Please indicate your choice)

I agree to abide by all the Library rules and regulations, which can be inspected at any Bridgend County Borough Library, to be responsible for all items borrowed on my card, and for any charges resulting from its use. I realise that this information will be kept in a computer file, to which access is limited to authorised staff, and which complies with all conditions of the Data Protection Act.

Signature : _____ Date : _____

To be completed by parent or guardian if the applicant is under 16 :

Mr/Mrs/Ms/Miss (Please indicate as appropriate)

Surname : _____ First name(s) : _____

Address : _____

Postcode : _____ Date of Birth : _____

Telephone : _____ Mobile phone : _____

I will be responsible for all items borrowed on the applicant's card, and for any charges resulting from its use.

Signature : _____ Date : _____