

Library Membership Registration Form

Name				_			
Title	First name			Surnan	ne		
Work Address							
Main Address line1				City	. –		
County				Postc	ode		
Home Address							
Second Address line1				City			
County				Postc	ode		
Contact							
Phone / Bleep			Mobile				
Primary email							
Second email							
Job title							
Additional Informati	ion						
Organisation name	•						
Permanent or temp	orary contra	ct of employment					
Contract end date			Student Course				
Student ID No.			and University				
						th library services:	
	(e.g. large p	rint and extended loa	n periods	s, please a	ask libra	ary staff for details)	
I would like to receive		E an a il		Ta		Email and Taut	
notices from the library by:		Email		Тех	(t	Email and Text	
						Marketing:	
I am happy for the library to contact me for marketing, promotion and feedback							

I have read the privacy notice and agree to this data being held in accordance with the General Data Protection Regulation (2018) for use in local library systems and in a system shared by NHS libraries in the Midlands.

I have read and agree to the *Heath Libraries Midlands* Terms and Conditions in addition to local IT and library policies.

I understand that CCTV may be in operation at the library to ensure safety and provide a deterrent against misuse.

I have read and agree to the statements above.

Signature:	Date:	
Office use only Category (e.g. AHP):	Membership No.:	
Library card delivery or collection:	Loans by post:	
Register for additional services e.g.	External member	
Basedoc, KnowledgeShare:	category:	