



Library Membership Registration Form

Title		First or preferred name	
Pronouns (optional)		Surname	

Work Address (required)

Work address line 1		City	
Work address line 2		Postcode	

Home Address (required)

Home address line 1		City	
Home address line 2		Postcode	

Contact

Primary phone		Mobile (if different)	
Primary email			
Second email			
Job title			

Additional Information

Work department and organisation			
Permanent contract (tick)		Temporary contract (tick)	
Contract/placement end date		Student course and	
Student ID No.		University	

I would like to request additional assistance with library services: <i>(e.g. large print and extended loan periods, please ask library staff for details)</i>	
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I would like to receive notices (overdue, reservations) from the library by: (required)	Email		Email and Text	
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I am happy to receive marketing information from the library by: (required)	None		Email		Email and Text	
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I have read the privacy notice (<https://www.healthlibrariesmidlands.nhs.uk/your-privacy/>) 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 (https://www.healthlibrariesmidlands.nhs.uk/your_membership/) 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:	
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Office use only	Category (e.g. AHP):		Membership No.:	
Library card delivery or collection:			Loans by post:	
Register for additional services?			External member?	