

# About you

## Why have you joined the library?

You may tick more than one box

- To borrow books
- To borrow CDs
- To borrow DVDs
- To use the computer
- To do homework
- Improve basic skills
- Other

## How did you find out about the library?

- Through friends and family
- Moved to the area recently
- Through school/school visits
- Internet
- Library signs
- Health visitor/bookstart
- University/college referral
- Phone book/yellow pages
- Already knew about it
- Other

We understand that you may want to keep the following information private and may not wish to share it with us. However, if you do answer the following questions we will use it to help provide you with support and improve services and facilities.

### Are you:

- Male  Female

### Do you consider yourself to be a disabled person?

- Yes  No

If yes, please tick the type of impairment/s which apply to you:

- A visual impairment
- A hearing impairment
- A physical impairment
- A learning disability
- Mental health condition
- A long-term illness

## How would you describe your ethnicity?

(Please tick one)

- White British
- White Irish
- White other (Please state) \_\_\_\_\_
- White and Black Caribbean
- White and Black
- White and Asian
- Other mixed background
- Indian
- Bangladeshi
- Pakistani
- Other Asian background
- Black Caribbean
- Black African
- Black background
- Chinese
- Other (Please state) \_\_\_\_\_

YOUR **LiBR@RY**  
KNOWLEDGE • DISCOVERY • ENTERTAINMENT

# Your Library Membership Form

**FREE**  
TO JOIN

## Please fill in your details

Title

First name

Surname

Date of birth

Address

Postcode

Telephone

Mobile

Email

(Only provide this if you are happy to receive emails)

A PIN (Personal Identification Number) will be posted to you. This will enable you to access library services via the internet, renew books on the 24/7 phonenumber and use the library computers.

## If you are under 16 years old...

Your parent/carer (over 18) must fill in this section.

As the parent/carer of the person named above I accept liability for all items borrowed by them.

### Name and contact details of parent/carer

Title

First name

Surname

Address   
(if different from above)

Postcode

Telephone

Mobile

Email

(Only provide this if you are happy to receive emails)

Signature

- I agree to abide by the Rules and Byelaws of Leicestershire Library Services
- I agree to notify the library of a change of address immediately
- I agree to accept liability for all items borrowed on this ticket
- I agree to notify the library immediately if the ticket is lost or stolen  
(you will be held responsible for all items borrowed on that ticket up to notification)

Signature

Date

- Tick this box if you do not wish to receive publicity material or author event lists.

**Data Protection Act Statement.** Personal data supplied on this form will be used in accordance with the Data Protection Act and Freedom of Information Act and Leicestershire County Council's management and retention policy.

Library Card Number

**For office use only**  
Form of identification

## If you are a temporary resident/student within Leicestershire...

Fill in this section about your permanent address.

Home address

Home postcode

Home telephone

Email

(Only provide this if you are happy to receive emails)