



PLEASE COMPLETE USING BLOCK CAPITALS

Title:	Name:	Date of Birth:				
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Address: _____

Postcode: _____

Telephone number (Home): _____ (Work): _____

(Mobile): _____ E-mail: _____

Other Address (Optional): _____

Postcode: _____

Are you disabled? Yes No

If yes please indicate the nature of your disability:

- Mobility
 Hearing
 Visual
 Other

What is your first language? _____

I wish to become a member of Pembrokeshire Libraries and agree to abide by the Library Rules.

Signature: _____ Date: _____

Data Protection Act 1998 | Information provided by you will be held and automatically processed as data on a computer system. The Council will take all reasonable precautions to ensure its confidentiality and to comply with the principles contained in the Act.

To be completed by Guarantor (if required)

Name:	Relationship:
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Address (if different from that of the borrower): _____

Postcode: _____ Telephone number: _____

I being the parent/guardian, accept responsibility for items borrowed by the applicant named above.

I give/do not give permission for the child named above to have access to the Internet and accept the terms of the Acceptable Use Policy.

Signature: _____ Date: _____

FOR OFFICE USE	Reader No.	Entered by	Date entered
			_____ _____ _____ _____