

Adult Membership Application Form to join all Kensington and Chelsea libraries

Membership is **free**. Please complete this form in CAPITALS. You will need to present it to a member of library staff with one official document proving your name and address. **Thank you.**

If you have difficulty reading this form, please speak to a member of staff.

Family name: _____ **Title:** _____ **First name:** _____

Address: _____

Post code: _____

Telephone No: _____ **Mobile No:** _____

Email address: _____ **Date of birth:** _____

Please tick the relevant boxes below:

☐ Male ☐ Female

Do you read another language? ☐ Yes ☐ No

Please provide details of language: _____

Do you have a disability? ☐ Yes ☐ No

If yes, what is the nature of your disability? ☐ Physical ☐ Mobility ☐ Hearing ☐ Visual ☐ Other

How would you prefer to be contacted by the library? ☐ Email or ☐ Text message (SMS)

Please tick the box which best describes your ethnicity:

☐ Asian/Asian British – African Indian

☐ Mixed – White and Black African

☐ Asian/Asian British – Bangladeshi

☐ Mixed – White and Black Caribbean

☐ Asian/Asian British – Indian

☐ Mixed – Any other

☐ Asian/Asian British – Pakistani

☐ Moroccan Arab

☐ Asian/Asian British – Any other

☐ Other Arab

☐ Black/Black British – African

☐ Somalian

☐ Black/Black British – Caribbean

☐ White - British

☐ Black/Black British – Any other

☐ White - Irish

☐ Chinese

☐ White – Other European

☐ Filipino

☐ White – Any other

☐ Mixed – White and Asian

☐ Any other

I certify that the details are correct.

I apply for membership of Kensington and Chelsea Libraries and agree to observe the byelaws and regulations. (Please ask staff if you wish to see a copy of the byelaws).

Signature: _____ **Date:** _____

STAFF USE ONLY:

Card Number: _____

Patron Type: _____

Staff name: _____



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA