

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:

- | | |
|---|--|
| <input type="checkbox"/> Asian/Asian British – African Indian | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed – Any other |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> Moroccan Arab |
| <input type="checkbox"/> Asian/Asian British – Any other | <input type="checkbox"/> Other Arab |
| <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Somalian |
| <input type="checkbox"/> Black/Black British – Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Black/Black British – Any other | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Other European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White – Any other |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> 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