

# Library Membership form

**PART A:** I hereby apply for membership of Haringey Libraries and agree to abide by the rules in force.

SURNAME (family name) \_\_\_\_\_  
Mr/Mrs/Miss/Ms

FORENAMES (first names) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TELEPHONE  
NO \_\_\_\_\_

DATE OF  UNDER 16  ADULT  OVER 60

ETHNICITY: This information will help us to plan services for you. Please tick one box:

<p><b>WHITE</b></p> <p>WBB <input type="checkbox"/> British          WII <input type="checkbox"/> Irish          WCG <input type="checkbox"/> Greek Cypriot          WCT <input type="checkbox"/> Turkish Cypriot          WOH <input type="checkbox"/> Greek          WKK <input type="checkbox"/> Kurdish          WTT <input type="checkbox"/> Turkish          WOO <input type="checkbox"/> Any other white, please write in</p> <p><b>MIXED</b></p> <p>MCW <input type="checkbox"/> Mixed white and black Caribbean          MBW <input type="checkbox"/> Mixed white and black African          MAW <input type="checkbox"/> Mixed white and Asian          MOO <input type="checkbox"/> Any other mixed background, please write in</p>	<p><b>ASIAN OR ASIAN BRITISH</b></p> <p>AII <input type="checkbox"/> Indian          APP <input type="checkbox"/> Pakistani          ABB <input type="checkbox"/> Bangladeshi          AEE <input type="checkbox"/> East African Asian          AOO <input type="checkbox"/> Other Asian background, please write in</p> <p><b>BLACK OR BLACK BRITISH</b></p> <p>BCC <input type="checkbox"/> Caribbean          BAA <input type="checkbox"/> African          BOO <input type="checkbox"/> Any other black background, please write in</p> <p><b>CHINESE OR OTHER ETHNIC GROUP</b></p> <p>OCC <input type="checkbox"/> Chinese          OOO <input type="checkbox"/> Any other ethnic group, please write in</p>
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Do you have a disability?	YES / NO	Do you have a registration card?	YES / NO	(DIS)
Are you a student	YES / NO	Do you have a student card?	YES / NO	(STU)
Are you unemployed?	YES / NO	Do you have a signing on card?	YES / NO	(UNE)

SIGNATURE \_\_\_\_\_

**PART B:** If you are filling in this form on behalf of someone else please give your details below:  
I confirm that the applicant above is known to me and that the particulars given are correct to the best of my knowledge.

SURNAME (family name) \_\_\_\_\_ Mr/Mrs/Miss/Ms

FORENAMES (first names) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

YOUR RELATIONSHIP TO THE APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_



Libraries, Archives & Museum Service