



Family Membership Form

Library: _____

Membership No: _____

Registration date: ___/___/___

Surname: _____

First Name(s): _____

Address: _____

Postcode: _____

Telephone no: _____

Child(ren)'s Name: _____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

Any special needs: _____

Membership Type: Monthly £2.50

Annual £25 (saving £5)

Signed: _____ Date: ___/___/___

Office Use ONLY

Proof of I.D. shown: 1. _____ 2. _____

Annual Payment: _____ Instalments Book: _____

Signed: _____ Date: ___/___/___