



Comhairle nan Eilean Siar

Western Isles Libraries Membership Form

*Forename(s):	Date of Birth:
*Surname:	Title:
*Home address:	Alternative address (if applicable):
*Postcode:	Postcode:
Tel:	Tel:
Mobile:	
Email:	
Guarantor Details if Membership for Under-16 years:	
*Name of Parent / Guardian:	
Please tick here if you <u>do not</u> wish your child to have access to computers and Internet <input type="checkbox"/>	

Signature of Guarantor / Applicant

I wish to apply for membership of Western Isles Libraries and agree to abide by the library service Membership and Computers & Internet Conditions of Use:

* Signature:

Date:

On occasion Western Isles Libraries may wish to contact you about new books, events and other library news. Please tick here if you do not wish to be contacted in this way

The personal data supplied on this form will be used to administer your membership and use of Western Isles Libraries, the library service of Comhairle nan Eilean Siar. It will not be passed on to any other organisations without your consent.

*Mandatory information

Staff Use:

Permission Level		Borrower No.		I.D.	
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