

The information you are providing is being collected to enable you to apply for membership for Doncaster Library and Information Services. Your information will be passed on to the Central Library and may also be shared with other relevant Departments within the Council and/or relevant partners where the law allows. Any queries please telephone 01302 734314 or write to Central Library, Waterdale, Doncaster, DN1 3JE.

Surname / Family Name _____ Title _____

First Name(s) _____

Current Address _____

Town _____ Postcode _____

Tel No (_____) _____ Mobile Tel _____

E-Mail Address _____

Date of Birth _____ PIN number of your choice (4 numbers) _____

I undertake to comply with the Byelaws and Rules and Regulations at any time in force. **Yes No**

Do you agree to use the Internet service in accordance with the Council's Internet Public Use Policy?
(A copy of the policy is available for you to read). **Yes No**

Are you happy for Doncaster Libraries to email you with information about library activities, events, and offers?
Yes No

Tell us more about yourself

This section is optional, but the information that you provide will help us to improve the service you receive.

Are you **Male Female**

Do you consider yourself to have a disability **Yes No**

Type of disability _____

Would you describe your ethnic origin as

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Polish <input type="checkbox"/>	Other <input type="checkbox"/>
Asian or Asian British:	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>
Black or Black British:	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>		

If none of the above accurately describes your ethnic background, please write in your own words:

Authorisation for Children's Membership

If you are under 16 years old please ask your parent, guardian or carer to complete this section:

I authorise and agree to be the contact for the above named child or young person

My Name _____ Parent Guardian Carer

My Address (if different from above) _____

Tel. No (_____) _____ Mobile Tel _____

I agree to this child or young person using the Internet service in accordance with the Council's Internet Public Use Policy. (This service is available for age 7 and over). **Yes No**