

It's free to join North Somerset libraries

Membership Form



If you are aged 18 or over you will need to provide proof of your name and current address (e.g. driving licence or a recent utility bill)

Young people aged 15 or under, ask your parent or guardian to add their details and sign overleaf

Title	F Female <input type="checkbox"/> M Male <input type="checkbox"/> N Other <input type="checkbox"/> X Declined <input type="checkbox"/>
First name(s)	Date of birth / /
Last name	Age (if under 18)
Address	Email
	Telephone
	Mobile
Postcode	
Alternative address	

How would you like us to contact you about your reservations and loans?

(Tick one)

Email

Text

Post (charges apply)

If you have given us an email address, you should automatically receive a reminder before your items are due for return.

Would you like to receive occasional news and events by email?

Library only (including LibrariesWest)

Library and related emails from North Somerset Council and our partners

Do you consider yourself disabled?

Yes

No

If yes, please give details of any access requirements, including details of your needs to access the library service's books and other media. For example, "I need large print books", "I can only listen to audio books" or "I would require screen reader software to use a computer".

If you would like to choose a 4-digit PIN, please write it here
(otherwise it will be randomly generated)

Data privacy statement

North Somerset Council is registered with the Information Commissioner's Office for the purposes of processing personal data. The information you provide will be held and used in accordance with UK and European data protection law. North Somerset Council works in partnership with Bath & North East Somerset, Bristol, BCP (Bournemouth, Christchurch & Poole), Dorset, Somerset, and South Gloucestershire to provide a library service (LibrariesWest). The personal details provided by you will be stored in a shared database so you can use libraries across the region. For further details on how we use your personal information in the delivery of library services, please read our full privacy notice available in libraries and from links at www.librarieswest.org.uk/about. If you have any concerns about how your personal data is handled, please contact the Data Protection Officer at DPO@n-somerset.gov.uk

I have read and understood the Data privacy statement.

Signed: _____ Date: _____

Parent/carer of 0 to 15 year olds

By joining the library, your child will be able to borrow a range of items, including DVDs according to age classification. As a guarantor, you will be responsible for returning items and paying for any losses or charges.

I give permission for my child to access the internet in any library
 Yes No

Title
First name(s)
Last name
Address if different from overleaf
Library card number (if member)
Is your child joining as a result of Bookstart? Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you like us to contact you (tick one)? Email <input type="checkbox"/> Text <input type="checkbox"/> Post <input type="checkbox"/>
Email address or mobile telephone number

What is your ethnic group?

(please tick relevant box)

Code	Description	Tick (✓)
AB	Bangladeshi	<input type="checkbox"/>
AI	Indian	<input type="checkbox"/>
AP	Pakistani	<input type="checkbox"/>
AR	Arab	<input type="checkbox"/>
BA	African	<input type="checkbox"/>
BC	Caribbean	<input type="checkbox"/>
CH	Chinese	<input type="checkbox"/>
MA	Mixed White & Asian	<input type="checkbox"/>
MB	Mixed White & Black African	<input type="checkbox"/>
MC	Mixed White & Black Caribbean	<input type="checkbox"/>
OA	Any Other Asian Background	<input type="checkbox"/>
OB	Any Other Black/African/Caribbean Background	<input type="checkbox"/>
OE	Any Other Ethnic Background	<input type="checkbox"/>
OM	Any Other Mixed/Multiple Ethnic Background	<input type="checkbox"/>
OW	Any Other White	<input type="checkbox"/>
WB	White British	<input type="checkbox"/>
WI	White Irish	<input type="checkbox"/>
WT	Gypsy or Irish Traveller	<input type="checkbox"/>
DEC	Declined (prefer not to say)	<input type="checkbox"/>

What is your Religion/belief?

(please tick relevant box)

Code	Description	Tick (✓)
BUD	Buddhist	<input type="checkbox"/>
CHR	Christian (all denominations)	<input type="checkbox"/>
HIN	Hindu	<input type="checkbox"/>
JEW	Jewish	<input type="checkbox"/>
MUS	Muslim	<input type="checkbox"/>
SIK	Sikh	<input type="checkbox"/>
NON	No religion	<input type="checkbox"/>
OTH	Other	<input type="checkbox"/>
DEC	declined – Prefer not to say	<input type="checkbox"/>