

APPLICATION FORM TO JOIN

Title (Mr/Mrs/Ms/Miss etc) _____ Male Female Date of birth
Senior citizens and children under 16 years do not pay fines

First name _____ Surname _____

Permanent address _____

Postcode _____

Email _____ Tel (home) _____

Tel (work) _____ Tel (mobile) _____

*We would like to send you information about our services and events.
If you agree to being contacted in this way please tick the relevant boxes.*

Email Post Phone SMS

PLEASE COMPLETE THIS SECTION. IT WILL HELP US PROVIDE BETTER SERVICES FOR YOU

If you have a disability please tick

Hearing Sight Mobility Other (please specify)

To which one of these ethnic groups do you consider you belong?

(please tick one)

White Chinese Irish traveller Indian Pakistani Bangladeshi
Black Caribbean Black African Black other Mixed Other

What is your first language?

English Irish Ulster-Scots Polish Lithuanian
Slovak Latvian Hindi Punjabi Cantonese
Tagalog Portuguese Other _____

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Signature _____ Date _____

