

# Welcome to Cambridgeshire Libraries

Please complete this application form to join your child/young person under-16 as a member of Cambridgeshire Libraries. Once completed please return this form to the school.

## Child's Details

*First name of child* ..... *Surname of child*.....

*Address* .....

..... *Postcode* .....

*Child's Date of Birth* .....

## Guarantor Details

(Must be over 18 years old and willing to accept responsibility for all items borrowed by this child)

*First name of parent/guardian* .....

*Surname of parent/guardian* .....

*Address* .....

..... *Postcode* .....

*Email address* .....

*Telephone Number* ..... *Date of Birth* .....

By giving us an email address you will receive email notifications of reservations and overdue notices.

Information on this form will be securely stored on our database and may be disclosed to third parties for the recovery of non-returned items.

I agree to follow all of the library rules, regulations and byelaws and computer use policy.

*Signature* ..... *Date* .....

## Additional Children's Details

(If you wish to join any additional children please fill in this section below)

*First name of child* ..... *Surname of child*.....

*Address (if different from above* .....

..... *Postcode* ..... *Child's Date of Birth* .....