

Library Membership Registration Form

Staff/Student ID No.:	<input type="text"/>	Title:	<input type="text"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Organisation:	<input type="text"/>	Job Title:	<input type="text"/>
Ward/Unit:	<input type="text"/>	Dept:	<input type="text"/>
Site:	<input type="text"/>	Ext. No.:	<input type="text"/>
Mobile No.:	<input type="text"/>	Bleep No.:	<input type="text"/>
Work Email:	<input type="text"/>		
Manager's Name:	<input type="text"/>	Manager's Tel. No.:	<input type="text"/>
Manager's signature (students only)	<input type="text"/>	Contract/Placement End Date:	<input type="text"/>
Home Address:	<input type="text"/>		
Post code:	<input type="text"/>	Home Tel. No.:	<input type="text"/>
Home Email:	<input type="text"/>		
I am eligible for additional assistance with library services: (e.g. large print and extended loan periods, please ask library staff for details)			
I prefer correspondence from the library (e.g. reminder and reservation notices) to be sent by:			
<i>Please select one:</i>	Email: Work <input type="checkbox"/>	Home <input type="checkbox"/>	Post: Work <input type="checkbox"/> Home <input type="checkbox"/>
Please tick here if you <u>do not</u> wish to receive correspondence by <u>text message</u> (service not available at all libraries):			
Please tick here if you <u>do not</u> wish to receive library <u>service announcements / news</u> :			

I understand that the data and contact information I provide will be stored on the library system, treated as confidential and only available to staff at libraries that are part of the BASE Library consortium (including NHS and partner organisations external to the NHS).

I agree to abide by BASE Library terms and conditions (see 'Your BASE Library Membership: Important Information' available from the library) in addition to local IT and library policies.

Please note CCTV may be in operation at the library to ensure safety and provide a deterrent against misuse.

I have read and agree to the statements above.

Signature:	<input type="text"/>	Date:	<input type="text"/>
<i>Office use only</i>	Category (e.g. AHP):	<input type="text"/>	Membership No.:
		<input type="text"/>	<input type="text"/>