

Adult Registration Form

Borough of Poole Library Service

Surname.....Forenames.....
Mr Mrs Miss Ms.....Date of birth.....
Address.....
.....Postcode.....
Tel.....Mobile.....
E Mail.....

Tick one category below to indicate your ethnic group

White

British	Irish
	Any other white background

Mixed

White & Black Caribbean	White & Black African
White & Asian	any other mixed background

Asian or Asian British

Indian	Pakistani
Bangladeshi	any other Asian background

Black or Black British

Caribbean	African
	Any other Black background

Chinese or other ethnic group

Chinese	any other
---------	-----------

Do you have any disability that limits your daily activities?

Please tick all that apply

Visual difficulty	Hearing difficulty
Physical difficulty	Learning difficulty

You may use these details to contact me about Library Services

YES/NO

Library Card Number.....