

Under 16's Library Membership Form
Peterborough Libraries

Please ensure you complete both sides of the form fully in **BLOCK CAPITALS**.

Child's Details

First Name: _____

Last Name: _____

Address: _____

Postcode: _____

Date of Birth (dd/mm/yy): _____

Boy Girl

Please continue on other side



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Boy Girl

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Adult's Details (CAPITALS PLEASE)

Name: _____

Address:
(If different to _____
child's) _____

Postcode: _____

Telephone Number: _____

Email: _____

Signed: _____

Children aged under 16 years need to have their application form signed by an adult over 18 years who is prepared to accept responsibility for items borrowed.

Adult's Details (CAPITALS PLEASE)

Name: _____

Address:
(If different to _____
child's) _____

Postcode: _____

Telephone Number: _____

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Children aged under 16 years need to have their application form signed by an adult over 18 years who is prepared to accept responsibility for items borrowed.