



Library Card Registration Form

We require proof of address to issue a library card

11-16 Sharpleshall Street, Primrose Hill, NW1 8YN
Tel: 020.7419.6599 www.phcl.org events@phcl.org

*= a required field

*First Name:

*Surname:

Title: Date of Birth/...../.....

*Address:

.....

*Postcode: Phone number(s):

Email Address:

If you are under 12 we need your parent or guardian to fill out the details below:

Full name:

Signature:

Your Data:

Primrose Hill Community Library's privacy policy can be viewed on our website and a physical copy can be requested in-house. We process your data according to current data protection legislation. We take data protection seriously and will never sell your information to any third party. There are some third parties with whom we have to share your data in order to operate. Details of these third parties and links to their own privacy policies can be found in our privacy policy.

Please tick the box if you would be interested in volunteering with the library
(by ticking this box, you consent to be contacted for volunteering purposes)

We would love to keep in touch with you via our monthly newsletter.
Within it you will find information about forthcoming events, new books,
and other news from us. If you would like to receive this, please tick this box.

You have the right to withdraw consent at any time;
simply click the 'unsubscribe' link at the bottom of any newsletter or reply to the email with your request.

Please get in touch with us immediately if you no longer wish to be a member.

Please sign below to confirm that you are happy to become a member.

Signature Date:

Office use:

Library Card No. _____ ID Seen? _____ Date _____

Entered by _____ Checked by _____

P: Forms/PHCL Master Copies/Library Card Registration Form