



Comhairle nan Eilean Siar

Western Isles Libraries Group Membership Form

Please complete both sections below. A guarantor is required to take responsibility for items borrowed on the group's library card.

*Name of Group:	*Name of Guarantor:
*Address:	*Address:
*Postcode:	*Postcode
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:

Signature of Guarantor

I wish to apply for membership of Western Isles Libraries and agree to abide by the library service membership and computers & internet conditions of use.

I understand that in signing this form, I am responsible for all items borrowed on the group's library card and agree to notify the library should I leave the group and need to pass on responsibility for the membership card to another group member.

*** Signature:**

Date:

On occasion Western Isles Libraries may wish to contact you about new books, events and other library news. Please tick here if you do not wish to be contacted in this way

The personal data supplied on this form will be used to administer your membership and use of Western Isles Libraries, the library service of Comhairle nan Eilean Siar. It will not be passed on to any other organisations without your consent.

Staff Use:

***Mandatory information**

Permission Level		Borrower No.		I.D.	
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