

# Where is your nearest library?

Billinge Library  
**01744 677535**

Central Library  
**01744 676989**

Chester Lane Library  
**01744 677081**

Eccleston Library  
**01744 677575**

Garswood Library  
**01744 677797**

Haydock Library  
**01744 677801**

Moss Bank Library  
**01744 677988**

Newton-le-Willows Library  
**01744 677885**

Parr Library  
**01744 677580**

Peter Street Library Express  
**01744 677896**

Rainford Library  
**01744 677820**

Rainhill Library  
**01744 677822**

Thatto Heath Library  
**01744 677842**

**If you would like to become a member and find out more, take this form along to your nearest library and join today.**

**[www.sthelens.gov.uk](http://www.sthelens.gov.uk)**



St. Helens Council

**Contact Centre,**

Wesley House,  
Corporation Street  
St. Helens WA10 1HF

**Tel:** 01744 676789

**Minicom:** 01744 671671

**Fax:** 01744 676895

**Email:** [contactcentre@sthelens.gov.uk](mailto:contactcentre@sthelens.gov.uk)

→ [www.sthelens.gov.uk](http://www.sthelens.gov.uk)

Please contact us to request translation of Council information into Braille, audio tape or a foreign language.



**Data Protection**

The information provided on this form will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the purpose of administering membership to St. Helens Libraries & Learning Service.



## Libraries Membership Form



 **@STHLibraries**

 **[www.facebook.com/STHLibraries](http://www.facebook.com/STHLibraries)**

Office Use  
Surname: .....  
First name: .....  
Membership No: .....

### I wish to apply for membership of St.Helens Libraries

Surname: ..... Mr/Mrs/Miss/Ms  
First name: ..... Date of Birth: .....  
Address: .....  
.....  
Postcode: .....  
Email: .....  
Telephone: ..... Mobile: .....  
Please indicate how you would prefer to be contacted:  
Email  Telephone  Mobile

I agree to be contacted about events and activities taking place in libraries, please tick this box   
I would like to apply for use of UK Online computers   
I agree to the procedures of St.Helens Council, including the Council's Internet Policy

**By completing the following sections, you will help us to make sure our services meet your needs.**

**Do you consider yourself to have a disability? Yes  No**

Physical Disability <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
Wheelchair User <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Limited Mobility <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>
Limiting Long-term Illness <input type="checkbox"/>	Learning Difficulty <input type="checkbox"/>

Other: .....  
.....

### Which of these Ethnic Groups best describes you?

White British <input type="checkbox"/>	Asian Indian <input type="checkbox"/>
White Irish <input type="checkbox"/>	Asian Pakistani <input type="checkbox"/>
Mixed White & Caribbean <input type="checkbox"/>	Asian Bangladeshi <input type="checkbox"/>
Mixed White & Black <input type="checkbox"/>	Chinese <input type="checkbox"/>
Mixed White & Asian <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>
Black African <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Not stated <input type="checkbox"/>

Other: .....

**Signature:** ..... **Date:** .....

The parent/carer of children and young people must complete the sections below:

I agree to my child joining the library and will pay for lost/damaged items (under 18 only)   
I agree to my child using Internet Services (under 16 only)

Your name: ..... Mr/Mrs/Miss/Ms  
Address (if different): .....  
.....  
Postcode: ..... Telephone: .....

**Signature:** ..... **Date:** .....

**Office Use**  
List Proof of ID seen: ..... Staff Initials: .....