

Home > Residents > Libraries arts and heritage > Library enrolment form

Membership form

Last Modified October 31, 2018



Please complete the form below to become a member of Blackpool Libraries. If you are under 16 years of age, we ask that a parent/carers completes the form on your behalf.

Name

First

Last

Address

Town

Postcode

Telephone

Email

Date of birth

DD/MM/YYYY

Gender

Please select

Ethnic origin

Please select

Ethnic origin - Other

I confirm that I am the person named above, or the parent/carer if they are a child under 16 years or they cannot complete the form themselves

- ☐ I am the person named above
- ☐ I am their parent/carer. My name is

By joining the library, I agree to abide by the terms and conditions set out in the Libraries Acceptable Use Policy, the Library Behaviours Framework, and the Library Byelaws [URL]

- ☐ I accept

Local/Preferred library:

Please select

Next Page

[↑ Back to top](#)

Blackpool Council

Municipal Buildings
Corporation Street
Blackpool
FY1 1NF

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