EXTERNAL LIBRARY MEMBERSHIP

In order to apply for External Library Membership, please complete the following form and return to [library@lutherking.ac.uk](mailto:library@lutherking.ac.uk)

PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | | | | | | | | | | | | | |
| Prefix |  | | | | First Name |  | | | | | Surname | |  |
| **E-MAIL** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | |
| Line 1 | |  | | | | | | | | | | | |
| Line 2 | |  | | | | | | | | | | | |
| Town | |  | | | | | County | |  | | | | |
| Postcode | | | |  | | | Country (if not UK) | | | | |  | |
| **TELEPHONE** | | | | | | | | | | | | | |
| Mobile | | |  | | | | | Home | |  | | | |

TYPE OF MEMBERSHIP

Please note that the concessionary rate applies only to pensioners and the unemployed; not to students. We may ask you to provide evidence.

Please mark this box if this applies to you

**Borrowing Membership**

Please choose one of the following –

12 months

6 months

3 months

FEE PAYMENT ARRANGEMENTS

Please give details of how the membership fee will be paid.

Online Invoice (PayPal)  Cash/Cheque

Telephone Payment  Organisation

**PLEASE NOTE**: Any fee must be paid in full before the commencement of membership. Please make cheques payable to ‘Luther King House Educational Trust’. Telephone payments can be made by contacting LKC Library on **0161 249 2509** during staffed hours. If you are not paying your own membership fee, please select ‘**Organisation**’.

TERMS AND CONDITIONS

Please tick here to confirm that you have read and understood the Luther King Data Use Policy (accessible on our website)

Please mark this box to confirm

CONFIRMATION

The removal of reference material from the library is not permitted, unless to photocopy. Loan material must not be removed unless it has been correctly issued. It is the borrower’s responsibility to return and/or renew items on loan before they become overdue. By signing this form, I agree to these rules. I also agree to keep the library informed of any changes to my contact details.

If you are returning this form electronically, your type name will be accepted in place of a signature as consent to the term and conditions of your library membership

|  |  |
| --- | --- |
| Signed |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | DD |  | MM |  | YYYY |  |

OFFICE USE ONLY

|  |  |
| --- | --- |
| Borrower Number |  |
| Registration to expire on |  |