Application for Registration

as an Associate Reader

FOR OFFICE USE ONLY								
Expiry date	Stat Cat.	Reg Code	Р Туре	Category	ID No.			

SURNAME (Block capitals)	FOREN	AMES	TITLE: MS	
Mckigenan	CF	T	D.O.B .: 03-04-63	
Home address		Email address		
S3 BELVOIR ST.		cat makerner Ogman, com.		
HULL		NHS Trust where applicable		
Telephone no. C7885 467841		Humber NHS	Foundation Trust	
Local address (if different)		Degrees held, subject, date and where gained		
		BA, Photojaphy G	ilmonv, 97, Acpu	
~		Occupation and address of place of employment HAWTMORNE COURT.		
	1	BEVERLEY, I		
			РТО	

Applicants who are teachers should have an official letter from the school, signed by the Headteacher, confirming their employment. Other persons should complete the application form and send it with		FOR OFFICE US ONLY	
a covering letter explaining why membership is required.	FEE	DATE RENEWE	
On completion, this form should be returned to the Library. If the application is accepted, a Library card will be prepared, which must be produced to gain entry to the Library and to borrow material. One working day should be allowed for processing the application after acceptance. Library cards are available for collection from the Library Welcome Desk.			
Membership is subject to annual renewal.			
If this application is accepted, I agree to observe the Regulations of the Library Signed:			
PLEASE DO NOT FOLD THIS CARD			