

Library membership form

University ID number			
Personal details	Title		
Surname			
Fornames			
Home address			
Telephone			
Email			
Declaration: I have read and agree to abide by the library's regulations. I also understand that the personal information on this form will be kept in accordance with Data Protection Law. More details available here http://studentlibrary.southwales.ac.uk/dataprotection/			
Signature			
Date			

Staff

Department	
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SCONUL

Band			
Expiry date			
Home institution			
Uni ID seen?	Y	N	

External

Alumni?	Y	N
Amount paid		
ID seen?	Y	N