

Gladstone's Library
Reader's Application Form

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM

Title _____

Surname _____

Forename(s) _____

Home Address _____

Post Code _____

Tel. No. _____

Email _____

The above information will be stored on our mailing database. Our normal method of communication is by email. Please let us know if you do not wish to receive updates by email.

Occupation _____

Subject of Study _____

I agree to observe and abide by the rules and regulations of Gladstone's Library. I will replace (or pay on demand the value of) any book which is damaged or lost while in my charge or signed out to me.

Signed _____

Date _____

For Office Use

Photo ID _____

Proof of Address _____
