



Suffolk Libraries Application for Membership

We would love every child to have their own Suffolk Library card.

Child's Name	
Child's date of birth	
Child's address	
Parent/Guardian's name	
Parent/Guardian's library card number (if already a member of Suffolk Libraries)	20127 _ _ _ _ _
Parent/Guardian contact details	
Address	
Postcode	
Email	
Mobile	
Landline	

If your child is not already a member, please fill out this form and return it to the pre-school.

I authorise my child's application for a Suffolk Library Card:

Signed Parent/Guardian

My child already has a card, and the number is 20127_____

I give permission for the library to issue a book to this account during their visit with Clare Bears.

Signed Parent/Guardian

