**Library and Learning Services**

**Northamptonshire Schools**

**Please note that you are required to submit a passport sized photograph with your application form.**

**(45mm high 35mm wide)**

**1 Year Associate Membership**

**Please complete ALL fields**

**Name: ...........................................................................................................................................**

**Address: ……………………………………………………………..........................................……..**

**……………………………………………………………..............................................……………….**

**.................................................................................................... Postcode: …………....………..**

**Date of Birth: ..............................................**

**Telephone: …………………...................….**

**Email: …………………........................................................................................................………**

I agree to abide by the Library Code of Conduct, as published on the Library web pages, at

<http://www.northampton.ac.uk/Downloads/Rules_and_regulations.docx>

**Signed: ……………………………………………… Date: …………………………………**

**Details of School and Guarantor**

**School attended: ...........................................................................................................................**

**Please note that membership will not be approved unless this form has been countersigned by your Teacher.**

I agree to act as guarantor for the above student and ensure the safe return of any library materials.

**Name of Teacher: ................................................... Email: ........................................................**

**Teacher Signature: .................................................**

Please return this form to: **Library and Learning Services, University of Northampton, Avenue Campus, St George’s Avenue, Northampton, NN2 6JD.** Email notification will be sent when card is ready for collection.

Alternatively, applications can be processed during Library staffed hours, Monday – Friday 8am-7pm, weekends 10am–4pm. Cash, Debit/Credit card payment can be made on collection of card. Please indicate your preferred collection site when returning the form via post.

**Park** **Avenue**

**Staff Use Only Processed by .......................... Photo ID .................. Eligibility..................**

**Additional comments ...................................................................................................................**

**Barcode: …………………….. Start Date: ……………………. End Date: …………………**