



Brentford Toy Library

Membership form

Please PRINT all information clearly.

Details of adult member:

First Name		Title (Mr, Mrs, Ms):
Surname		
Address and Postcode:		
Email Address:	Tick the box to join the email mailing list <input type="checkbox"/> _____	
Contact telephone:		
Relationship to child:		
Ethnic Background:		

Details of child/children:

	First Name	Surname	Date of birth
1			
2			
3			

For office use only: Membership number: _____

Proof of Address provided: YES / NO

Membership Card given: YES / NO