

Care Number

THE WOMEN'S LIBRARY

celebrating and recording women's lives



Reading Room registration

Everyone is welcome to use the Reading Room, following registration. Use of the Reading Room is free of charge. Registration lasts for five years.

Please complete both sides of this form in **CAPITAL** letters using a pen. You will need to show proof of your identity bearing a signature or photograph, such as a passport, student pass or driver's license. London Metropolitan University students and staff are required to complete a registration form and present their staff or student ID.

A clear print version of this form is available from Reception.

About you

Title Ms Miss Mrs Mr Dr Prof Other (please specify) _____

Forenames _____ Surname _____

Telephone _____ Email _____

Home/permanent address

Postcode _____ Country _____

Business/temporary address (if applicable)

Postcode _____ Country _____

Date of birth (ddmmyy)

How did you hear about us? (Source)

website leaflet/publicity press/radio previous Library user
 word of mouth referral tour other

University/college/institution associated with (if applicable)

London Metropolitan University Department _____

Other University Please specify _____

Are you

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic staff | <input type="checkbox"/> Teacher | <input type="checkbox"/> Campaigner/activist |
| <input type="checkbox"/> PhD student | <input type="checkbox"/> Journalist/media staff | <input type="checkbox"/> Voluntary sector staff |
| <input type="checkbox"/> Postgraduate (other) | <input type="checkbox"/> Artist | <input type="checkbox"/> Member of the public |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Author | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Student (other) | <input type="checkbox"/> Library/archive/museum staff | _____ |

About your research (please tick up to three)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Family history | <input type="checkbox"/> Peace | <input type="checkbox"/> Science/technology |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Feminism | <input type="checkbox"/> Picture research | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Browsing | <input type="checkbox"/> Health/medicine | <input type="checkbox"/> Politics | <input type="checkbox"/> Sport/leisure |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Law | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Suffrage |
| <input type="checkbox"/> Education | <input type="checkbox"/> Literature | <input type="checkbox"/> Race/ethnicity | <input type="checkbox"/> Women's liberation |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Media | <input type="checkbox"/> Religion | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Family/home | <input type="checkbox"/> History | <input type="checkbox"/> Other (please specify) | _____ |

Declaration

I declare that the information supplied on this form is true and agree to read and observe The Women's Library rules and responsibilities.

Signature _____ Date _____

Mailing List

- I would like to receive monthly email updates with news and details of exhibitions, events and special offers from The Women's Library
- I would like to receive information by post about exhibitions and events at The Women's Library (approximately twice per year)
- I would also like to receive information from other carefully chosen venues and organisations

The Women's Library is committed to protecting your privacy. The data that you have supplied will be used by The Women's Library to keep you up to date with news, information on exhibitions and events and special offers which we think will be of interest to you, which may include fundraising information. We will not share this information with any other company or institutions without your consent. You can unsubscribe at any time.

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Authorisation by The Women's Library Staff (staff use only)			
<input type="checkbox"/> Student card	<input type="checkbox"/> Driving license	<input type="checkbox"/> Other _____	Authorisation date _____
<input type="checkbox"/> Credit or debit card	<input type="checkbox"/> Passport	Visit date _____	Staff initials _____