



Membership Registration & Update Form

If you are **registering your organisation for the first time**, please complete all boxes.

If you are **notifying us of a change in details**, please complete any new details and notify us of any details which need to be deleted.

1. Name of organisation:	
2. Organisation Address:	Street: Town: City: County: Postcode:
3. Library Type:	Special <input type="checkbox"/> School <input type="checkbox"/> NHS <input type="checkbox"/> FE/HE <input type="checkbox"/> Other <input type="checkbox"/>
4. Main Contact:	Title: First name: Surname: Job title: E-mail address:
5. Invoice details: <i>Please give the address you would like your invoice to be sent to if different to above.</i>	
6. Heritage Training: <i>Please give details of any training needs you have.</i> <i>Would you be willing to host an event?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

 Please post your completed form to: Emily Armstrong

Hull College, Queen's Gardens, Hull, HU1 3 DG