



## CUMBRIA & LANCASHIRE HEALTH LIBRARIES PASSPORT SCHEME (P2P) APPLICATION FORM

Please complete both parts of this form and return it to your home library for authorisation

**In accordance with the Data Protection Act 1998, P2P will only use this information for the monitoring and efficient delivery of library services, The participating organisations will not pass information onto any third party.**

*Please complete in BLOCK CAPITALS*

SURNAME .....

FIRST NAME(S) ..... TITLE .....

HOME INSTITUTION/ORGANISATION .....

LIBRARY CARD NUMBER (HOME LIBRARY) .....

I agree to abide by the rules and regulations of any P2P library I visit, including paying any fines or other charges I incur.

APPLICANT'S SIGNATURE ..... DATE .....

**MEMBERSHIP EXPIRES 31 AUGUST**

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**P2P MEMBERSHIP VOUCHER**

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HOME INSTITUTION .....

INSTITUTIONAL STAMP .....

HOME LIBRARY CARD NUMBER .....

AUTHORISING LIBRARY STAFF

NAME ..... SIGNATURE .....

DATE .....

**MEMBERSHIP EXPIRES 31 AUGUST**