**MEMBERSHIP FORM**

£50.00 (for 2018/2019)

Please complete the following details in BLOCK CAPITALS  
Organisation:

|  |  |
| --- | --- |
| Organisation name |  |
| Library/Department name |  |
| Library/Department address |  |
| Post Code |  |

Main Contact:

|  |  |
| --- | --- |
| Job title |  |
| Name |  |
| Telephone number |  |
| E-mail Address |  |

|  |  |
| --- | --- |
| Purchase Order Number (if applicable) |  |
| Invoice Address/E-mail Address (if different from above) |  |

What resources/services are you able to offer the network (delete where not applicable)  
Advice service / Expertise / Training/ Room bookings / Book loans / Other……………………………………………

I give my permission for these details to be held on the YOHHLNet Membership Database for the purposes of managing our membership. The information provided will only be used by the YOHHLNet Committee for the purposes of running YOHHLNet and its services and will not be given to anyone else. The information held will be stored and used in line with the provisions of the Data protection Act 1998.

I agree that our organisation will abide by the YOHHLNet Constitution.

Name……………………………………………………………………………………… Date……………………………………………..

Completed forms should be returned to the YOHHLNet Treasurer, Helen Rotherforth ([helen.rotherforth@midyorks.nhs.uk](mailto:helen.rotherforth@midyorks.nhs.uk) )