

Larkfield Community Library

Membership application - a fictional form with fillable fields, for testing

Full name	Date of birth (DD/MM/YYYY)
Email address	Phone number
Postal address	

Membership type (choose one)

☒ Adult ☐ Student ☐ Senior (65 and over)

Interests (tick any)

☐ Fiction ☐ Local history ☐ Digital skills ☐ Children's events

Home branch	How did you hear about us?
Larkfield Central	

I agree to look after the items I borrow, to return them on time and to tell the library if my address changes. I understand that this is a fictional form made for testing.

☐ I agree

Signature (type your name)	Date

For library use only

Card number: _____ Checked by: _____ Date: _____