



LCF Membership Application Form

Please print and complete section 1 or section 2.

1. Application for membership or associate membership

I wish to become a full/associate member of the Librarians' Christian Fellowship.

"In becoming a member of the Fellowship I declare my faith in Jesus Christ as my Saviour, my Lord and my God, whose atoning sacrifice is the only and all-sufficient ground of my salvation. I will seek both in life and thought to be ruled by the teaching of the Bible, believing it to be the inspired word of God".

I am in full sympathy with the Christian standpoint of the Fellowship as laid down in the statement of faith.

Signed: Date:

I enclose a crossed cheque/postal order for £.....¹
being my subscription for.....

I enclose an additional donation of £..... [Optional]

Total enclosed: £.....

2. Application to become a subscriber

(i.e. Not wishing to join as a full or associate member, but wishing to receive publications)

I do not wish to become a member, but would like to receive Christian Librarian this year.
I enclose a crossed cheque/postal order for £.....

Signed : Date:

¹ Current subscription rates are listed on the LCF website at:
<http://www.librarianscf.org.uk/membership/subs.html>

Personal Information

Please complete this section in BLOCK CAPITALS

Name: (Rev/Dr/Mr/Mrs/Miss/Ms)

Address: ²

Telephone: Home: Work:

E-mail: Home: Work:

Post held: ³

Academic qualifications (Other than in librarianship/information science):

Library/information qualifications: ⁴

For information only:

Are you a member of the Chartered Institute of Library and Information Professionals?

Yes/No

LCF is an affiliated Society of the Universities and Colleges Christian Fellowship and is committed to support the work among students. If you are not already a supporter of UCCF, would you like to know more of their work?

Yes/No

Where did you first hear about LCF? [Optional]

Data Protection:

The membership database is kept for producing address labels and the membership directory. It is used solely for the Fellowship's own purposes and is not supplied to any other organisation.

Do you agree to allow your membership details to be

1. entered on the membership database? Yes/No

2. published in the membership directory? Yes/No

Newsletters:

Do you wish to receive e-newsletters by email?⁵ Yes/No

If yes, please indicate the address to which you would like them to be sent.

² If you are a student or temporarily away from home, please give an address where you can always be contacted.

³ Please be specific: job title, place of work, employer; if student, course and at which college/ university.

⁴ Post-school qualifications, certificates, diplomas, degrees, charters, etc. We ask because some people like to have the relevant letters after their name, where appropriate, and also because it tells us something about you and your interests.

⁵ E-newsletters are sent out from time to time, no more frequently than monthly.

This part of the form will be detached and sent to your Regional Representative where appropriate. Please complete in BLOCK CAPITALS

Name:(Rev./Dr/Mr/Mrs/Miss/Ms)

Address:

Telephone: Home: **Work:**

E-mail: Home: **Work:**

Post held:

Academic qualifications (Other than in librarianship/information science):
.....

Library/information science qualifications:

When you have completed ALL the appropriate sections, please return the form, with your payment to the Membership Secretary:

**Janice Paine
22 Queensgate Gardens
396 Upper Richmond Road
London SW15 6JN**
