

Application for Home Library service

Delivery Library _____

Details

Membership Number _____

Surname _____

Given Names _____

Address _____

Phone Number _____

Signature _____ Date _____

Doctor certificate required Date _____

To allow us to remain in contract with you please supply the telephone number of a relative or friend

Name of second contact _____

Telephone Number _____

Preferences

Large Print books
Standard print books
Audio Books (CD)
Music CD's
Play a ways (does not require a CD player)
DVD's
Magazines

Fiction *(please circle)*

- Science Fiction
- Romance
- Adventure

Non Fiction *(please circle)*

- Art
- Biographies
- Gardening

- Family Sagas
- Horror
- Mystery
- Westerns
- Historical

- Travel
- History
- Wildlife
- Other (please Specify)

Favourite author/s _____

Dislikes _____

Delivery instructions:

Authorisation for library representative to enter premises:

1the owner /occupier ofgive permission for any authorised library representative to entre these premises for the purpose of delivering library services.

I wish to apply to receive library resources to be delivered through the Home Library Service.

I am a resident of the Tableland Council area and I am unable to attend the library. I agree to accept responsibility for the materials borrowed and to abide by the library policies.

Customer signature _____ Date _____

Library Staff Signature _____ Date _____