



HOME LIBRARY SERVICE

Nambucca Heads Library
Ridge St
NAMBUCCA HEADS 2448
Ph: 65686906

Macksville Library
Princess St
MACKSVILLE 2447
Ph: 65681422

APPLICATION FORM

- I would like to have library items delivered to my residence.
- I am responsible for the items delivered to me, and I am prepared to pay for any loss or damage.
- I am aware that the library will keep a record of what I have borrowed to assist in providing me with the best possible service.
- I acknowledge that I may be required to provide medical evidence that I am unable to visit the library.
- I give permission for any authorised library representative to enter my premises to deliver items.

NAME:

ADDRESS:

.....

TELEPHONE:

LIBRARY MEMBERSHIP NUMBER:D.O.B:

SIGNATURE:DATE:

Please provide the name and address of a relative, friend or neighbour whom we may contact if we experience difficulties getting in touch with you.

NAME:

ADDRESS:

.....PHONE NUMBER:

Relationship to you:

ITEM SELECTION

| Item | How many? |
|---------------------|-----------|
| Regular print books | |
| Large print books | |
| Audio books | |
| Magazines | |
| DVDs | |

READING INTERESTS

FICTION

NON-FICTION

| | |
|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Australian |
| <input type="checkbox"/> Best sellers | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Crafts and hobbies |
| <input type="checkbox"/> Crime / Mysteries | <input type="checkbox"/> History |
| <input type="checkbox"/> Family sagas | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Historical | <input type="checkbox"/> True crime |
| <input type="checkbox"/> Romance | <input type="checkbox"/> War stories |
| <input type="checkbox"/> Science fiction | <input type="checkbox"/> Westerns |

FAVOURITE AUTHORS / SUBJECTS:.....

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