



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:.....

.....

.....

.....

.....