



APPLICATION FOR HOME LIBRARY SERVICE

Library Barcode Number: _____

SURNAME (Mr/Mrs/Miss): _____

GIVEN NAMES: _____

STREET: _____

SUBURB: _____ DATE of BIRTH: _____

PHONE NO.: _____ POST CODE: _____

I HEREBY APPLY FOR THE HOME LIBRARY SERVICE

SIGNATURE: _____ DATE: _____

* To enable us to give you the best possible service, we would appreciate if you could give us a contact name and phone number of your closest relative:

NAME OF CLOSEST RELATIVE: _____

ADDRESS: _____

PHONE NUMBER: _____



FOR OFFICE USE ONLY

Staff member authorisation: _____ Date: _____

T/ Books CDs: _____ DVDs: _____ Large Print Books: _____

O/ Print Books: _____ Magazines: _____

FICTION: Romance: _____ Historical: _____ Family Sagas: _____

Western: _____ Thriller/Spy: _____ Mystery: _____ Adventure: _____

Science-Fiction: _____ Other (Specify): _____

NON-FICTION: _____