

APPLICATION FOR HOME LIBRARY SERVICE

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

I, the undersigned, accept full responsibility for all items borrowed on the card issued as a result of this application. I agree to comply with all library regulations to pay promptly for all damages or loss incurred and to give immediate notice of any change of address. I further undertake that no item borrowed on this card will be used in any manner that may infringe copyright.

I have read and understand the conditions of Internet usage and agree to abide by all Library conditions.

SIGNATURE: _____ **DATE:** _____

Name of Doctor/Health Practitioner: _____

Signature: _____

COMMENTS: _____

- To enable us to remain in contact with you it would be appreciated if you would supply the telephone number of a relative or friend

NAME OF CONTACT: _____**TELEPHONE NUMBER:** _____**READING MATERIAL REQUIRED - NUMBER OF BOOKS PER DELIVERY:** _____**LARGE PRINT** YES/NO **PRINT** YES/NO **EITHER** YES

- ROMANCE
- MYSTERY
- ADVENTURE
- FAMILY SAGAS
- OTHER (Specify)

OTHER ITEMS- NUMBER OF ITEMS PER DELIVERY: _____

- AUDIO BOOKS
- CDs
- DVDs
- MAGAZINES