

Libraries

door to door

Office use
only

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Membership Form

Your Details

Title (Mr, Mrs, Miss, Ms, Dr etc) _____

First Name _____ Family Name _____

Address _____

_____ Postcode _____

Phone _____ Email _____

Please give us a password for our representative to remember. You can ask them for this if you want to check they're really from the library.

Password _____

Your preferences

Please tick the type(s) of material which you would like to use:

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Standard Print Books | <input type="checkbox"/> Talking Books on tape |
| <input type="checkbox"/> Large Print Books | <input type="checkbox"/> Talking Books on cd |

Please tick the types of books which you prefer:

- | | | |
|--------------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Contemporary Fiction | <input type="checkbox"/> Romances | <input type="checkbox"/> General Non-Fiction |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Cookery/Crafts |
| <input type="checkbox"/> Science Fiction/Fantasy | <input type="checkbox"/> Westerns | <input type="checkbox"/> Travel |
| <input type="checkbox"/> War Stories | <input type="checkbox"/> Historical Novels | <input type="checkbox"/> Biography |
| <input type="checkbox"/> Horror | <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> History |

Please use the other side of this form to give us any other information, such as favourite authors, or subjects not included on our list.

Thank you!

Information on this form will be processed by computer under the provisions of the Data Protection Act

www.dumgal.gov.uk