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:

☐ Standard Print Books    ☐ Talking Books on tape
☐ Large Print Books        ☐ Talking Books on cd

Please tick the types of books which you prefer:

☐ Contemporary Fiction      ☐ Romances               ☐ General Non-Fiction
☐ Family Stories            ☐ Mysteries               ☐ Cookery/Crafts
☐ Science Fiction/Fantasy   ☐ Westerns                ☐ Travel
☐ War Stories               ☐ Historical Novels       ☐ Biography
☐ Horror                    ☐ Action/Adventure       ☐ 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!

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