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Good Neighbour Delivery

1. Please give us your details here:

Title (Mr, Mrs, Miss, Ms, Dr etc)	<input type="text"/>	
First Name	<input type="text"/>	Family Name <input type="text"/>
Address	<input type="text"/>	
	Postcode <input type="text"/>	
Phone	<input type="text"/>	
Email	<input type="text"/>	

2. Please ask your nominated delivery person to complete this section:

Title (Mr, Mrs, Miss, Ms, Dr etc)	<input type="text"/>	
First Name	<input type="text"/>	Family Name <input type="text"/>
Address	<input type="text"/>	
	Postcode <input type="text"/>	
Phone	<input type="text"/>	
Email	<input type="text"/>	

- I agree to borrow, deliver and return library books/talking books for the person named above in section 1.
- Relationship to me (eg family member/neighbour/friend)
- I understand that I will be given a library card in their name and promise to use it only on their behalf. I accept that in order to take part, I must register as a library member.

Signed Date

Library Membership number, if known (will be 9 or 16 digits)

3. Please complete this section yourself:

- I would like the person named above in section 2 to borrow, deliver and return my library books/talking books for me.
- I understand that they will be given a library card in my name, to be used only on my behalf.

Signed

Date.....

Continued from overleaf.

4. Please tell us here about your preferences:

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

Standard Print Books

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

Any other information, such as favourite authors, or subjects not included on our list:

5. Please give this completed form to your good neighbour delivery person and ask them to take it to the library.

If they are not already a library member, they should bring evidence of their own identity (showing their name, address and signature) which will allow them to become a library member.

Thank you!

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

Staff Use Only

Evidence of identity / address

Evidence checked by

Data entry by (with date)