



City of Vincent Library Books On Wheels Membership Application

Details: Title (please circle): Mr / Mrs / Ms Surname: _____

Given Name/s: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Alternative Contact – Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Mobile Number: _____

I apply for membership to the City of Vincent Library Books On Wheels Service. I agree to give proper care to all library materials loaned to me, and to pay for any loss or damage to library materials. Signature: _____ Date: _____

Reading Preferences Survey:

Format	Qty
Regular Print	
Large Print	
Book on CD	
Music CD	
DVD	
Magazine	

Non-Fiction	Qty
Health & Wellbeing	
Travel	
History	
Biographies	
Cooking	
Home & Garden	
Other (please specify)	

Fiction Genres (Please tick, can be more than 1)	Favourite Authors
Aboriginal	
Adventure	
Australiana	
Family Sagas	
Fantasy/ Science Fiction	
History	
Humour	
Romance	
Short Stories	
War	
Western	
Crime/ Mysteries	
Thrillers	

Office Use Only

Date of Interview: _____ Membership Number: _____

Delivery Round Group: _____