



Card Number: _____

Home Delivery Service Registration Form

Name: _____ Initial: _____ Last Name: _____

Gender: _____ Birthdate: Day _____ Month _____ Year _____

Delivery address: _____

Building: _____ Postal Code: _____ Phone #: _____

Contact Person: _____ Phone #: _____

Additional information: (ie. deliver to the front desk, hard of hearing, etc.)



**MOOSE JAW
PUBLIC LIBRARY**

Preferred Method of Contact:

- Phone
- Text: Cell Phone Carrier: _____
- Email: _____

Format:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Audiobooks | <input type="checkbox"/> CELA Audiobooks |
| <input type="checkbox"/> Hardcover | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> DVD'S | <input type="checkbox"/> Regular Print |
| | <input type="checkbox"/> Paperbacks |

Number of items per delivery: _____

Interests:

Fiction

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Romance | <input type="checkbox"/> Inspirational/Christian Fiction |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Western |
| <input type="checkbox"/> Spy/Thriller | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Family Sagas |
| <input type="checkbox"/> Classics | |
| <input type="checkbox"/> Other _____ | |

Favourite Authors:

Non-Fiction

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Pioneer Life | <input type="checkbox"/> Politics |
| <input type="checkbox"/> True crime | <input type="checkbox"/> Paranormal |
| <input type="checkbox"/> True romance | <input type="checkbox"/> Crafts and hobbies (ie. knitting, cookbooks, etc...) |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Inspirational |
| <input type="checkbox"/> History | |

Favourite Authors: