



Card #

Service Began

HOME DELIVERY LIBRARY SERVICE APPLICATION

Name _____

Institution (if applicable) _____

Address _____ Apt/Room _____

City _____ State Ohio Zip _____

Phone Number _____ Birth Date _____

Contact Person(s) _____ Phone Number (____) _____

_____ Phone Number (____) _____

Type of Disability or Need _____

Reading Level: Juvenile: _____ Young Adult: _____ Adult: _____

Print Size: Large Print: _____ Regular Print: _____ Either: _____

Prefers Large Print but ok with Regular: _____

Materials Requested:

HOW MANY BOOKS PER MONTH _____

AUDIOBOOKS

CD _____

Playaway _____

Genre(s):	_____ Amish	_____ Non-Fiction
	_____ Historical Fiction	_____ Arts/Crafts
	_____ Inspirational	_____ Biography
	_____ Mystery	_____ Cooking
	_____ Romance	_____ Gardening
	_____ Thriller	_____ Health
	_____ Sci-Fi	_____ History
	_____ Western	_____ Inspirational
	_____ Horror	_____ Self-Help

Favorite Authors/Notes:

____ **MAGAZINES**

Special Interests _____

**# OF DVD
MOVIES/MONTH** _____

Genre(s): _____ Action _____ Mystery
_____ Classics _____ Musicals
_____ Comedy _____ New Releases
_____ Drama _____ Sci-Fi
_____ Family _____ Television
_____ Horror _____ Western
_____ Non-Fiction _____

Would you like to be signed up for our Favorite Authors List? Yes _____ No _____
Would you like the monthly Book Page? Yes _____ No _____

Return completed form to:

Outreach Services
Delaware County District Library Orange Branch
7171 Gooding Blvd.
Delaware, OH 43015
740-548-1660
outreach@delawarelibrary.org

(For Office Use Only)

Special Notes:

Crate(s) _____ Bag(s) _____