

Home Reader Service

Membership Application

The City of South Perth libraries provide a Home Reader Service for those who are unable to visit a library but wish to stay connected with the community. Following your guidelines we can select books, audio books, or DVDs for you to read or listen to. These are delivered by volunteers on a fortnightly schedule.

If you live independently please attach a **letter from your doctor** stating that you are unable to visit the library on your own.

Applicant's Contact Details

Applicant name: _____

Date of birth: _____

Address (please include room number and facility/home if applicable):

Independent living

Dependent living

Suburb: _____ Postcode: _____

Phone number: _____

Mobile number: _____

Book Delivery Details

The Home Reader Service runs fortnightly deliveries during the week. Please indicate below if you have a preference for delivery day and time. A library staff member will contact you to confirm.

Selection Preferences

What would you like delivered:

- Books (Large Print / Normal Print)
- DVDs
- Audio Books

How many would you like each delivery:

Books _____

DVDs _____

Audio Books _____

Favourite Genres:

- | | | |
|---|---|--|
| <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> Documentary | <input type="checkbox"/> Musical |
| <input type="checkbox"/> Action/Thriller | <input type="checkbox"/> Drama | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Family Saga | <input type="checkbox"/> Non-fiction (please specify preferred subjects below) |
| <input type="checkbox"/> Anime | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Foreign Film | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Historical | <input type="checkbox"/> Western |
| <input type="checkbox"/> Comedy/Humour | <input type="checkbox"/> Horror | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Literary Fiction | |

Favourites (authors, directors, titles) or any other preferences (likes/dislikes, genres not listed above):

Secondary Contact Details

Name of secondary contact: _____

Relationship to applicant: _____

Address: _____

Suburb: _____ Postcode: _____

Phone number: _____

Mobile number: _____

Email: _____

The library requests that as a second contact you *agree to take financial responsibility for any accounts that may arise and cannot be dealt with by the borrower indicated above.* Please sign below to agree to financial payment of accounts incurred.

Secondary contact's signature: _____ Date: _____