



Barcode: 2040028000

Membership: Family Individual

Statistical Class: PS C Y St A Snr

Visiting Library Services Application

Please Print

Name: _____
Last First Middle Initial (M.I.)

Mailing Address: _____

City/Town Postal Code

Telephone: _____
Home Mobile

Email address: _____

Eligibility – Please indicate briefly why you are unable to visit the library:

Do you have any impairment that makes it difficult to read printed books? Yes No

If yes, are you registered with CNIB? Yes No

How did you hear about the program? _____

Would you like your borrowing history saved? Yes No

Please indicate the number of each type of material you would prefer to receive in a month.

(Note: Maximum of 20 items total)

____ Regular Print ____ Large Print ____ DVDs ____ Magazines ____ Audiobooks
 Hardcover Hardcover
 Paperback Softcover

Our volunteers will work with you to select items of interest, but please give us an indication of your reading preferences:

FICTION

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> General Fiction | <input type="checkbox"/> Mystery – Legal | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Award Winners | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Mystery – Medical | <input type="checkbox"/> Spy Stories |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Horror | <input type="checkbox"/> Romance | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Literary Fiction | <input type="checkbox"/> Romance – Historical | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mystery | <input type="checkbox"/> Romance – Suspense | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Mystery - Cozy | | |

The personal information contained on this application is used to provide you with library services at participating member libraries of TRAC. It may be shared with these libraries to verify membership, collect fines or debts owing, provide information about library services, and for statistical purposes. It is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosures or use of this information, please ask your librarian.



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NON-FICTION

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Animal/Wildlife | <input type="checkbox"/> Gardening | <input type="checkbox"/> Politics | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> Science | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Humour | <input type="checkbox"/> Spiritual/Inspirational | <input type="checkbox"/> War/Military |
| <input type="checkbox"/> Canadian History | <input type="checkbox"/> Psychology/Self-help | <input type="checkbox"/> Sports | <input type="checkbox"/> World History |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Poetry | | |

Favourite authors include: _____

I don't want to receive: _____

Other information about your reading preferences, including languages other than English:

Optional Disclosure Agreement: I authorize the following individuals to act on my behalf in conducting business with the Strathmore Municipal Library. This authorizes the Strathmore Municipal Library to release information and materials to these individuals.

Name: _____

Name: _____

Your signature on the application indicates agreement with the following:

1. I am responsible for all materials borrowed on my account and to abide by the rules and regulations of the Strathmore Municipal Library.
2. Fees will be charged for any lost or damaged items.
3. I authorize Strathmore Municipal Library staff to check out items on my behalf.
4. I am unable to visit or use the library building.
5. I am a resident of the Town of Strathmore

Signature

Date

Please return this application form to:

Strathmore Municipal Library
85 Lakeside Blvd
Strathmore, AB T1P 1A1

For questions or assistance, please call the Library at 403-934-5440.

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