

Cambridge Library Home Delivery Service



This form is to be used when applying for the Cambridge Library Home Delivery Service.

Applicant's Details

Surname	First Name
Date of birth	Phone
Address	
Suburb	Postcode

Agreement

Surname	First Name
Signature	Date

I agree that all library materials lent to me shall receive due care while in my possession and that I will pay for lost and or damaged items and fines if incurred.

If signing the agreement on behalf of:

A family member or a client in a nursing home or hostel please read and complete agreement below.

I am aware that the above mentioned client is a member of the home delivery service. I agree that in the event that the client is no longer able to be responsible for their library materials I will take responsibility for any fines incurred and lost and or damaged items.

Surname	First Name
Phone	Relationship
Address	
Suburb	Postcode
Signature	Date

Submission

Please return the completed form to the library via any of the methods below. Please also complete the library item selection form on the reverse of this page.

Email: library@cambridge.wa.gov.au

Fax: 08 9383 8980

Mail: Town of Cambridge
PO Box 15
Floreat WA 6014

In Person: Cambridge Library
99 The Boulevard
Floreat WA 6014

Library Selection

Name

Item Type

Tick your choice

How many would you like each fortnight?
Maximum of 12 in total

Books Regular Print Large Print

Talking Books CD MP3

Item Type

Tell us what type

How many would you like each fortnight?
Maximum of 12 in total

Magazines

DVDs

Music CDs

Item Type

How many pieces?

How many would you like each fortnight?
Maximum of 12 in total

Jigsaws 500 1000 1500 2000

Subjects of interest

Please tick the subjects that interest you.

Adventure

Animals

Australiana

Crime/Thriller

Espionage

Family Saga

Fantasy

Ghost Stories

History

Horror

Humour/Comedy

Mystery

Romance

War

Westerns

Biographies

Other

Non Fiction

Your comments & suggestions