

## Books on Wheels Registration Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M: \_\_\_ F: \_\_\_

Local Mailing Address

Permanent Address (If Different)

Street \_\_\_\_\_

Street \_\_\_\_\_

Apt \_\_\_\_\_ P.O. Box \_\_\_\_\_

Apt \_\_\_\_\_ P.O. Box \_\_\_\_\_

Phone Number \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Email Address : \_\_\_\_\_

Pin Number (for online account access) \_\_\_\_\_

Signature \_\_\_\_\_

Would you like a second card created for a family member or volunteer to check out materials on your account and pick up your items on hold? If so please fill out the information for that volunteer and sign again for authorization.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M: \_\_\_ F: \_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Volunteer or Family Member: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

### STAFF USE ONLY

Barcode:

Date:

Staff Initials:

What types of books do you like? Check all that apply.

- |                |                        |                     |
|----------------|------------------------|---------------------|
| Art ___        | Graphic Novels ___     |                     |
| Biography ___  | Historical Fiction ___ | Philosophy ___      |
| Business ___   | History ___            | Poetry ___          |
| Children's ___ | Horror ___             | Religion ___        |
| Classics ___   | Humor ___              | Science ___         |
| Cookbooks ___  | Manga ___              | Science Fiction ___ |
| Crime ___      | Music ___              | Self-Help ___       |
| Fantasy ___    | Mysteries ___          | Travel ___          |

What format would you prefer?

Check all that apply.

- |                 |                   |                 |
|-----------------|-------------------|-----------------|
| Large print ___ | Regular print ___ | Books on Cd ___ |
|                 | Paperbacks ___    | Playaways ___   |

What types of movies do you like? Check all that apply.

- |              |                   |              |
|--------------|-------------------|--------------|
| Action ___   | Documentaries ___ | Musicals ___ |
| Classics ___ | Drama ___         | Romantic ___ |
| Comedies ___ | Foreign ___       | Westerns ___ |

What music do you like? Check all that apply.

- |               |           |         |
|---------------|-----------|---------|
| Classical ___ | Jazz ___  | Pop ___ |
| Country ___   | Opera ___ |         |

What format would you prefer? Check all that apply.

- Dvd \_\_\_
- Blu-Ray \_\_\_

Do you have a favorite author?

Have you read everything they wrote? Would like similar authors?