

Good Neighbours Registration



Clarington Public Library
Experience **Community**

Please advise staff if you require assistance using this form, or if an alternative version is required. You can reach Member Services at 905-623-7322 x2712.

Contact Information:

Name:

Phone: Library card:

Volunteer Information (if applicable):

Name:

Phone: Email:

Preferred Formats (please check all that apply):

- Large print (hardcover) Books on CD (audio/talking books) Regular print (hardcover) Regular print (paperback)

Preferred Genres (please check all that apply):

- Award winners Romance Biography History Thriller
 Science-fiction Mystery Western _____ _____

Other Preferences:

- Do you like to re-read books? Yes No
Do you like books in a series? Yes No

Favourite Authors (and what you like about them):

Dislikes:

Information on this form is collected under the authority of the Public Libraries Act 1990 and is used for the purposes of Library services and planning. Please direct any inquiries to Library Administration, 163 Church Street, Bowmanville ON L1C 1T7, 905-623-7322.