

Your Logo Here

Patron Registration

PIN: _____

(Please Print)

Name: _____
Last First Middle


Address: _____
Apt./Room#
_____, WI _____
City Zip Code

Group Site: _____

Phone: () _____ **Date of Birth:** _____

E-mail: _____

Emergency Contact: Phone: () _____
Name: _____
Address: _____
Relationship: _____

 **Do you prefer your books to be** (please check all that apply):


- | | |
|--|---|
| <input type="checkbox"/> Large print books | <input type="checkbox"/> Regular print books |
| <input type="checkbox"/> Books on CD | <input type="checkbox"/> Books on audio cassette tape |
| <input type="checkbox"/> Soft cover/light weight | <input type="checkbox"/> Other: _____ |

 **Are there other library materials you would like delivered to you?**

- Music on CD [type of music: _____]
- Magazines [title: _____]
- Movies on DVD [types of movies: _____]
- Movies on VHS [types of movies: _____]

 **How many library materials would you like delivered to you each month?**

- 2-3
- 4-6
- 8-10
- Other: _____

 **May we keep a reading list for you to avoid duplication of titles selected and delivered to you?** Yes No

 **Do you like to read** (please check all that apply):

Fiction?

- Mysteries/suspense
- Westerns
- Current fiction
- Historical fiction

- Romance novels
- Science fiction
- Other: _____

Non-fiction?

- History
- Biographies
- Art/music
- Crafts/hobbies
- Sports

- Current events
- Travel
- Outdoors
- Religion
- Other: _____

 **My favorite authors are** (please list):

_____	_____
_____	_____
_____	_____

For Library Use Only

Date: _____

Patron Library Card #: _____

Individual [volunteer's name: _____]

Group site [name: _____]

Comments or Special Instructions: