

Home Library Service

Membership Form



Please fill out the below form and submit it to you local Cumberland City Council Library or email it to library@cumberland.nsw.gov.au

APPLICANT DETAILS

Type: Individual Institution

Surname /
Institution:

Given
Name:

Address:

Suburb:

Post
Code:

Email
Address:

Phone
Number:

Mobile
Number:

Date
of Birth:

PERMISSION TO ENTER HOME / INSTITUTION

I agree to allow Cumberland City Council Library staff to enter premises to deliver.

PRIVACY POLICY

All patrons are assured that their personal details will be used only for Library/Council purposes.

DECLARATION AND SIGNATURE

I agree to comply with Cumberland City Council Library Services Regulations.

Signature of
Applicant:

Date:

Emergency
Contact Name:

Emergency
Contact Phone:

Cumberland City Council

16 Memorial Avenue, PO Box 42, Merrylands NSW 2160.

T 8757 9000 W cumberland.nsw.gov.au E council@cumberland.nsw.gov.au

Cumberland City Council Sydney [cumberlandcitycouncil](https://www.instagram.com/cumberlandcitycouncil)

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ELIGIBILITY

Home Library Service applicants may need to provide a supporting letter from a health professional as proof of eligibility to receive the service.

WHAT LIBRARY ITEMS WOULD YOU LIKE?

Normal Print	Large Print	Either	
Fiction Books:	Romance Mystery Thrillers Adventure	Family Sagas Science Fiction Fantasy Historical	Other (Specify)
Non-Fiction Books:	Biography History War Religion / Spirituality	Health Sports Science Travel	Other (Specify)

WOULD YOU LIKE OTHER TYPES OF LIBRARY ITEMS?

Audio Books	Magazines	DVDs	CDs
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HOW MANY LIBRARY ITEMS WOULD YOU LIKE PER DELIVERY?

1	2	3	4	5	6	7	8	9	10
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LIST FAVOURITE AUTHORS/BOOKS:

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