



Keene Memorial Library Homebound Services

Reading Interest Form

Name: _____

Address: _____

Telephone: _____

Contact Person: _____ Books Per Month _____

Card Bar Code Number _____

Reading Interests

(Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fiction | <input type="checkbox"/> Non-Fiction | <input type="checkbox"/> General Biography |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Best Sellers | <input type="checkbox"/> History |
| <input type="checkbox"/> Mysteries | <input type="checkbox"/> Religious Inspiration | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Spy Thriller | <input type="checkbox"/> Self-Help | <input type="checkbox"/> Western |
| <input type="checkbox"/> Health/Medicine | <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Horror |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Fantasy | |

Other _____

Favorite Authors: _____

Preferences

(Please check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Large Type Books |
| <input type="checkbox"/> Books on CD | <input type="checkbox"/> Books on Tape |

Signature

Date