



ROLLINSFORD PUBLIC LIBRARY
P. O. Box 70

3 Front Street Suite 2B

Rollinsford, NH 03869

(603) 516-BOOK (2665)

TAB Application

First/Last Name: _____

Telephone: _____ E-mail (required): _____

What are your hobbies/interests? (Please be as complete as possible!)

What type of reading do you enjoy? (check all that apply)

Fiction

Non-fiction

Magazine

Anime/Manga

Newspapers

Fan-fictions (on-line)

What are some of your favorite movies?

How often do you use the web? (check one)

Every day

___A few times a week

___A few times a month

___Rarely (less than 2 times a month)

What kinds of sites do you visit online? (Games, homework, chat, Facebook/Myspace, music, sports, movies, others- please be specific)

What area of the library would you like changed or expanded? Explain why and how it can be changed.

Are you able to attend the monthly meetings and help TAB with projects on various days? Y N .