

Register for Books By Mail

Name: _____

Mailing Address: _____

Telephone: _____ (Home) _____ (Work)

E-Mail address: (If you have one) _____

Date of birth: (optional; for statistics only)

Year/Month/Day

____/____/____/

Mailbox size: _____

Library card # (if you already have one) _____

Do you need a specific reading format such as large print books only?

Yes No Other (specify) _____

Signature: _____

Please register each borrower in your household separately so that everyone can receive a library card. We use this information for statistics.

If registering a child under 14 years of age a parent's signature is required.

Parent's signature: _____