McDowell County
Public Library

Books by Mail Program

Registration Form

90 West Court St. Marion, NC 28752

828-652-3858

828-652-2098

Today's Date _____/_____/_____

How did you hear about Books by Mail? _____

Name (First, Last) _____

Birthdate _____/_____/_____

Do you have a McDowell County library card? Yes ☐ No ☐

If yes, please provide the number:

_____

Do you live in a senior living community? If yes, which one?

_____

Mailing Address (for delivery of books) (Must reside in McDowell County)

_____

Town _____ Zip Code _____

Phone # _____ Cell Phone Provider_____

Email_____

*Please provide an email or cell phone number to receive notifications

Information of secondary contact person (Family member, friend, or caregiver):

Name: _____

Relationship: _____

Phone #/Email: _____

Who will be the primary contact? Patron (self) ☐ Secondary Contact ☐

Preferred Method of Communication? Telephone ☐ Email ☐

Please briefly explain why you are requesting this service.

_____

_____

1. Which print format(s) would you like to receive? (check all that apply)
   - ☐ Regular Type Books
   - ☐ Large Print Books
   - ☐ No Preference
2. Would you like us to make selections for you?
   - ☐ Yes
   - ☐ Yes, but I will also make special requests.
   - ☐ No, I will contact you with special requests only
3. If we are helping to make selections, would you like us to send books to you as soon as we receive your returns (turnaround service)?
   - ☐ Yes
   - ☐ No, please wait until I request books.

4. If you have selected a turnaround service, how many books would you like to receive at a time? (Please note that this is approximate; you may receive more or fewer depending on availability and U.S. Postal Service delivery times)

1 - 2 ☐ 3 - 4 ☐

5. Which genres do you prefer? (check as many as you wish)

☐ Classics	☐ Literary Fiction	**Non-Fiction Topics**
☐ Mystery	☐ Poetry	☐ Biography
☐ Fantasy	☐ Political Thrillers	☐ Cooking
☐ Historical Fiction	☐ Romance	☐ Current Events
☐ Horror	☐ Sci-Fi	☐ Health
☐ Humor	☐ Westerns	☐ History
		☐ Other _____

Particular Interests

_____

Favorite Authors

_____

Additional Comments

_____

☐ I give permission to the Books by Mail Service at McDowell County Public Library to keep a record of my reading history in order to select appropriate materials for me.

☐ I am unable to get to the library due to a temporary or permanent disability or illness.

☐ I understand that I will not be charged late or overdue fines but I will be charged a replacement fee for any materials that are lost or damaged.

Signature _____ Date _____/_____/_____

Once we receive your application, we will contact you, usually by phone, to confirm your preferences. We will then set up or modify your library account and get you started with the service.

Thank you,

McDowell County Public Library

90 West Court St. Marion, NC 28752

Phone: 828-652-3858

Fax: 828-652-2098

E-Mail: hgrant@mcdowellpubliclibrary.org