

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

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.

Information of secondary contact person (Family member, friend, or

4	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.				
Signa	nture 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