



Mail to: MFRL Books by Mail  
125 Sheltman St  
Christiansburg, VA 24073

Email to: rbellman@mfrl.org  
For more information call (540)382-6969 x210

Application for Books By Mail Service (please print) DATE \_\_\_\_\_

NAME \_\_\_\_\_  
First Last

ADDRESS \_\_\_\_\_  
Number Street Apt. #

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_ ) \_\_\_\_\_

I have a Montgomery-Floyd Regional Library card and the number is \_\_\_\_\_  
**(If you do not already have a library card, you will also need to complete a library card application and return it along with this application.)**

I use a computer with Internet access and my e-mail address is \_\_\_\_\_

I do *not* use a computer with Internet access

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

(Required for applicants under age 18)

\*\*\*\*\*

TO BE CERTIFIED BY A PHYSICIAN, NURSE, OR SOCIAL WORKER:

I certify that \_\_\_\_\_ is physically unable to travel to the Library.  
print applicant name

CERTIFIED BY: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

(\*An original signature is required)

If disability is temporary, please estimate length \_\_\_\_\_

