

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			
ADDRESS	Last		
CITY	ber Street Apt. # STATE ZIP CODE		
TELEPHONE I	IUMBER ()		
□ I have a Montg <i>(If you do</i> □ I use a comput	omery-Floyd Regional Library card and the number is not already have a library card, you will also need to complete a library card application and return it along with this application.) er with Internet access and my e-mail address is computer with Internet access		
	SIGNATURE		
*****	***************************************		
TO BE CERTIF	IED BY A PHYSICIAN, NURSE, OR SOCIAL WORKER:		
I certify that Library.	print applicant name		
CERTIFIED BY	2:AFFILIATION:		
ADDRESS:	PHONE:		
CITY:	STATE:ZIP:		
SIGNATURE*: (*An original sig	gnature is required)		
If disability is te	mporary, please estimate length		

BOOKS BY MAIL APPLICATION: READER PROFILE

APPL	ICANT'S NAME			
AGE	CATEGORY (cir ADULT (65+)	cle one) ADULT (19-64)	TEEN (12-18)	CHILD (grade level)
FORN	IAT PREFERENC STANDARD F LARGE PRIN HARDBACK PAPERBACK	CES (please check	appropriate boxe BOOKS ON CD MUSIC ON CD DVDS GAMES	es)
				than 6 total at one time) GAMES
□ F □ F	Please do not sele Please select item	E OF THESE TWO ect items for me. Se is for me from the s specific titles whene	end only the titles ubject categories	I request. s circled below. I understand
	mystery susper adventure war sto	elections of genres t nse fantasy scie pries westerns ani and literary othe	ence fiction ho mals humor sh	rror romance ort stories
AUTH	ORS I LIKE:			
SERIE	ES I LIKE:			
	psychology occ animals cookin adventure worl biography (genera	computers _	politics busin y plays humo story biograph specify specify	ness disabilities or sports travel

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10/2016