



**Massanutten Regional Library
Books-by-Mail Application**

Name: Mr. Mrs./Ms. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____ Date of Birth: _____

Eligibility Criteria: Select all that apply.

_____ No Transportation

_____ Chronic Illness

_____ Physical Disability

_____ Visual Impairment

_____ Other, please explain: _____

Service Plan: Select one option.

_____ Requests Only: Send only items that I request

_____ Reader's Advisory: Send staff selections for me **and** my requests

Format: Select your preferences. Up to **four** books are shipped at a time.

_____ Books

_____ Audio Books (Books on CD)

_____ Large Print books only

_____ Large Print books preferred but will accept regular print to fulfill requests

How many items do you prefer at a time? _____

Genre Options: Select your favorites if you selected “Reader’s Advisory” for your Service Plan.

Fiction:

- | | |
|--|--|
| <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> Mysteries |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Classic Detective |
| <input type="checkbox"/> Amish/Mennonite | <input type="checkbox"/> Cozy |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Fantasy/Science Fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Westerns |

Non-Fiction:

- | | |
|--|--|
| <input type="checkbox"/> Autobiography/Biography | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Health | <input type="checkbox"/> Politics/Current Events |
| <input type="checkbox"/> History | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Humor | <input type="checkbox"/> True Crime |

Other Interests/Genres:

Favorite Authors: _____

I understand that I assume financial responsibility for the materials I receive. I will make sure the materials are returned to the Massanutten Regional Library. I agree to pay for the items if lost or damaged.

Signature: _____ Date: _____

Please return this application to:

Adult Outreach
Massanutten Regional Library
174 South Main Street
Harrisonburg, VA 22801