



Welcome to Bedford's Library-By-Mail program!

*Please complete the following double-sided form
to help us deliver library materials to your doorstep.*

You will be enrolled in the program after we receive your completed form.

Name: _____

Address: _____ Bedford, NH 03110

Phone Number: _____ Email: _____

If you reside in an assisted living or skilled nursing facility, please provide the name and phone number of a staff contact: _____

I give Library staff permission to let this person know which items I borrowed.

Please initial here: _____

Start Date: _____ End Date (if applicable): _____

Library Card Number: _____

What type of materials would you like to receive? *(Please check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Large Print Books | <input type="checkbox"/> I have trouble holding large or heavy books. |
| <input type="checkbox"/> Audiobooks on CD | <input type="checkbox"/> DVD's | |
| <input type="checkbox"/> Audiobooks on Playaway | <input type="checkbox"/> Music CD's | |

How would you like to choose items? *(Please check one)*

_____ I will use the online catalog

_____ I will request specific titles or authors by calling or emailing the librarians

_____ Please select for me *(Please fill out Reading Preferences on reverse side)*

_____ Probably a mix of these *(Please fill out Reading Preferences on reverse side)*

Reading Preferences

If you want us to select books or audiobooks for you, please fill out this page to help us select titles you might enjoy.

Check all the genres you are interested in reading.

Mysteries Suspense Romance Adventure Science Fiction
Fantasy Horror Historical Fiction Drama
Comedy Westerns Biography Mainstream Fiction Non Fiction

Other: _____

Some of my favorite books are:

Some of my favorite authors are:

Nonfiction subjects I like (if applicable):

Topics I don't want to read about:

I prefer books that do not contain the following *(if applicable)*:

_____ explicit language _____ excessive violence _____ sexual references

(We will do our best to select titles without this content, but cannot guarantee their omission)

I give the library permission to keep a record of library materials sent to me in order to avoid duplication. This information is confidential and will not be shared with other parties, unless I am a resident of an assisted living or skilled nursing facility and gave the Library permission to share this information with facility staff.

Signature

Date