

Books By Mail Service Registration Form

Today's Date: How did you hear about us?:

Name (Last, First):

Birth Date:

Do you have a PWPL library card?: ☐ Yes ☐ No

If yes, please provide the library card number:

Do you live in a senior living community? ☐ Yes ☐ No

If yes, which one?

Street Address:

Apt #: Zip Code:

Phone: Email:

Name of Secondary Contact Person (family member, friend, or caregiver):

Name:

Relationship:

Phone/Email:

Who will be the primary contact? ☐ Patron ☐ Secondary Contact

Preferred Method of Communication: ☐ Telephone ☐ Email ☐ Note/Mail

Please briefly explain why you are requesting this service:

Do you use an electronic device (e-reader or tablet)? ☐ Yes ☐ No

If yes, would you like help accessing the library's e-collection on your device?

☐ Yes ☐ No

Would you like us to make selections for you?

☐ Yes ☐ Yes, but I will make special requests.

☐ No, I will contact you with special requests only.

If we are helping you 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.

How many books would you like to receive at a time?

☐ 1-2 ☐ 3-5

Which genres do you prefer? Please select all that apply:

☐ Biography

☐ Classics

☐ Cooking

☐ Current Events

☐ Detective/Mystery

☐ Fantasy

☐ Health

☐ Historical Fiction

☐ History

☐ Horror

☐ Humor

☐ Literary Fiction

☐ Nonfiction

☐ Poetry

☐ Political Thrillers

☐ Romance

☐ Sci-Fi Thrillers

☐ Western

Particular Interests:

Favorite Authors:

Additional Comments:

☐ I give permission for PWPL to keep a record of my reading preferences to better serve me.

☐ I understand that while there are no overdue fines, I may be charged for lost items.

Signature

Date

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FREE MATTER FOR THE BLIND AND PHYSICALLY HANDICAPPED

TO:

Prince William Public Libraries Administrative Support Center
Books By Mail
13083 Chinn Park Dr.
Woodbridge, VA 22192