

## Books by Mail Application

Please fill out this form and return to [carol.eyman@nashualibrary.org](mailto:carol.eyman@nashualibrary.org) or:

Books by Mail  
Nashua Public Library  
2 Court St., Nashua, NH 03060

Voice: (603) 589-4600  
Fax: (603) 589-4640

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Tell us about your reading style to better help us choose materials for you.

1.  Do not select materials for me. Send only the specific titles that I request.

2. What kinds of books do you like to read? Please check.

### Fiction:

- bestsellers
- mystery
- romance
- action and suspense
- historical fiction
- horror
- science fiction and fantasy
- Christian fiction
- Westerns
- classics
- literary fiction
- poetry
- other fiction: \_\_\_\_\_

### Nonfiction:

- politics and current events
- history
- science and nature
- sports
- biography
- memoirs
- religion
- business and economics
- the arts
- philosophy and religion
- psychology and sociology
- essays
- other nonfiction: \_\_\_\_\_

*More questions on other side...*

3. Who are some of your favorite authors? \_\_\_\_\_

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4. Would you consider reading books by similar authors?  yes  no

5. What are some of the best books you've ever read? \_\_\_\_\_

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6. Do you want (check all that apply):

- hardcover
- paperback
- large print

- magazines
- audiobooks on CD

7. Please list any special hobbies or interests that you would enjoy reading about (such as health, nutrition, computers, crafts, celebrities, etc.)

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You will not have to pay postage to participate in Books by Mail.

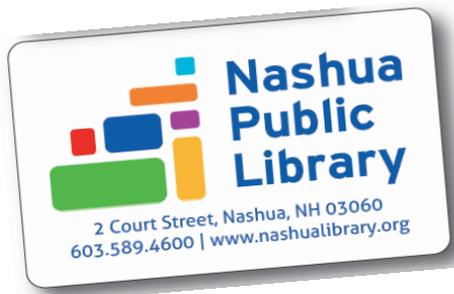
By signing below I understand that I am responsible for the use of this card, including any fees for lost or damaged items. I understand that delinquent accounts are subject to collection activity. I agree to give immediate notice of change of address.

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Signature

Date

**A medical professional must complete either Section A or B of the attached page to certify your eligibility for the program. Please return it with this form.**



**Complete either Section A on this side of the paper, or Section B on the back, but not both.**

### **Section A**

**For people who require large-print books and audio materials due to a physical or**

**visual disability:** You are eligible to receive these materials postage-free through the “Free Matter for Blind or Disabled Persons” postal provisions. To receive this benefit, the Post Office requires that individuals have their eligibility certified. Immediate relatives may not certify applicants. Individuals may not certify themselves, regardless of profession.

Have this section completed by a medical professional.

#### **Certification of disability**

I certify that \_\_\_\_\_(name) is unable to use or read conventionally printed material due to a physical or visual disability.

I am a(n):

- Licensed medical doctor
- ophthalmologist or optometrist
- registered nurse
- professional staff member of a hospital or other health or social service agency.
- other medical professional (Please explain:\_\_\_\_\_)

Medical professional’s signature \_\_\_\_\_ Date \_\_\_\_\_

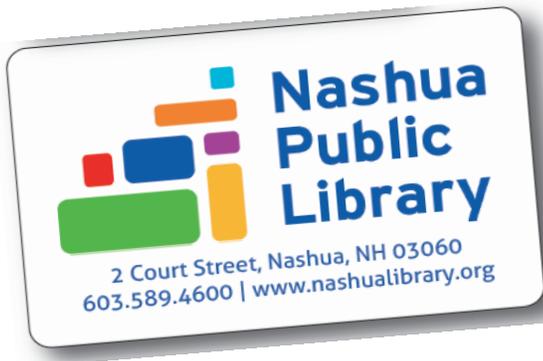
Medical professional’s name (print) \_\_\_\_\_

Organization \_\_\_\_\_

Organization address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_



**Complete either Section B on this side of the paper, or Section A on the front, but not both.**

**Section B**

**For people who are not visually impaired but are unable to visit the library because of a disability.**

Have this section completed by a medical professional.

**Certification of disability**

I certify that \_\_\_\_\_(name) is unable to visit the Nashua Public Library due to a disability.

I am a(n):

- Licensed medical doctor
- ophthalmologist or optometrist
- registered nurse
- professional staff member of a hospital or other health or social service agency.
- other medical professional (Please explain:\_\_\_\_\_)

Medical professional's signature \_\_\_\_\_ Date \_\_\_\_\_

Medical professional's name (print) \_\_\_\_\_

Organization \_\_\_\_\_

Organization address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_