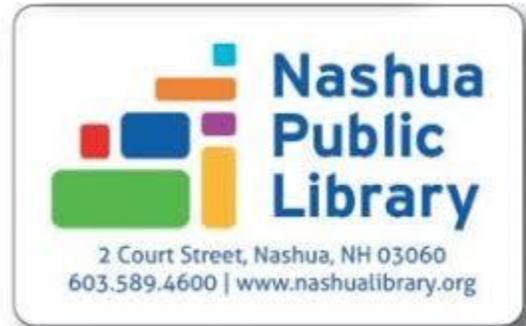


Books by Mail Application

Please fill out this form and return to
booksbymail@nashualibrary.org or:

Books by Mail
Nashua Public Library
2 Court St., Nashua, NH 03060
Voice: (603) 589-4627
Fax: (603) 589-4640



Name _____

Street address _____

City Nashua State NH ZIP _____

Phone _____ Email address _____

Date of birth _____

Do you have a Nashua Public Library card? yes no

Please list up to 8 books, audiobooks on CD, or magazines you would like to receive over the next few months.

Title	Author
1.	
2.	
3.	
4.	
5.	
6.	

7.	
8.	

1. Would you like us to select additional materials for you?

Yes (Answer questions 2–7.)

No (Skip to question 7.)

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: _____

3. What are some of your favorite books and authors?

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

5. Would you like (check all that apply):

- hardcover
- paperback
- large print

- magazines
- audiobooks on CD

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

7. 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 failing to return items could lead to my account being suspended. I agree to give immediate notice of change of address.

Signature

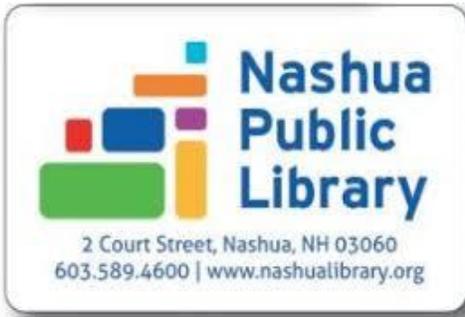
Date

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

Do one of the following:

- A. If you require large-print books and audio materials due to a physical or visual disability, have a medical professional complete Section A of the attached page to certify your eligibility for the program.
- B. If you are homebound with disabilities that prevent you from visiting the library, have a medical professional complete Section B of the attached page to certify your eligibility for the program.

Please return the completed attached form with this application.



Complete either Section A or Section B, 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

Medical professional’s signature _____ Date _____

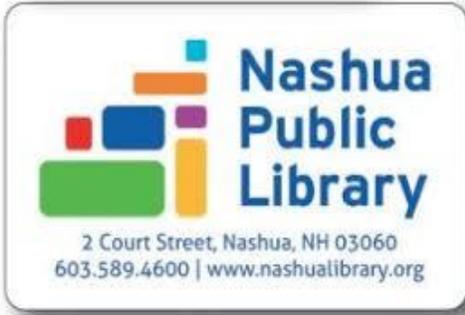
Medical professional’s name (print) _____

Organization _____

Organization address _____

City _____ State _____ Zip _____

Telephone _____



Complete either Section A or Section B, 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 or high risk for severe illness from COVID-19.

- 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

Medical professional's signature _____ Date _____

Medical professional's name (print) _____

Organization _____

Organization address _____

City _____ State _____ Zip _____

Telephone: _____