

**APPLICATION FOR BOOKS FOR THE HOMEBOUND
PROVIDED BY THE PATCHOGUE-MEDFORD LIBRARY**

Today's Date _____

Name _____

Address _____

Telephone _____ Birthdate _____

(Month/Day - Year optional)

() Adult () Young Adult - Age _____ () Juvenile - Age _____

Is the condition permanent or temporary? _____

AUTHORIZATION FOR LIBRARY CARD USE

I _____ hereby authorize a member of the Patchogue-Medford Library to use my library card to charge out books for me.

READING PREFERENCES:

_____ Adventure

_____ Biography

_____ Detective & Mystery

_____ Family Stories

_____ Historical Novels

_____ Romance

_____ Science Fiction

_____ Other: _____

_____ Large Type Only

_____ Books on Cassette

_____ Magazines

_____ Videos

I do not wish to receive

books that contain:

_____ Strong Language

_____ Violence

_____ Explicit descriptions of sex

Do you have access to a computer at home? _____ Yes _____ No

Would you like free Suffolkweb (Internet) access? _____ Yes _____ No

Please list three titles you have enjoyed on the reverse side of this sheet.