



BROWARD COUNTY LIBRARY BOOKS-BY-MAIL APPLICATION FOR SERVICE TO CHILDREN

Today's Date _____
 Name _____ Birth Date _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Phone () _____

Eligibility: Books-By-Mail is for individuals who are unable to use a library to get library materials. I am eligible for Books-By-Mail because: _____

Materials are sent on a regular schedule and selected according to patron reading interests. Readers may also make specific requests. Items are mailed in zippered pouches and return postage is required. They may also be dropped off at libraries to avoid return postage.

If you need large print books or descriptive videos, please complete the certificate of eligibility on the reverse side of this form. These materials are mailed as "Free Matter for the Blind" and do not require postage. For more information, call **954-357-5757** Monday through Friday, 10 a.m. to 6 p.m.

CHECK CATEGORIES OF MATERIALS YOU WOULD LIKE TO RECEIVE

- Animal stories Biographies Mysteries Other _____
- Easy readers Humor Descriptive Videos
- Picture books Sports Large Print Books

How many items would you like to receive at one time? _____ What is the maximum number of items you would like to have in your possession at one time? _____ How often would you like to receive books? _____ How many books would you like placed in one bag? _____ What language, other than English, would you like to read? _____

Please read carefully before signing:

I accept responsibility for the safekeeping of library materials borrowed against my card. I agree to give immediate notice of change of address, loss of card, or if I am no longer in need of the service. I agree to pay any fees imposed for loss, damage, or mutilation of library materials.

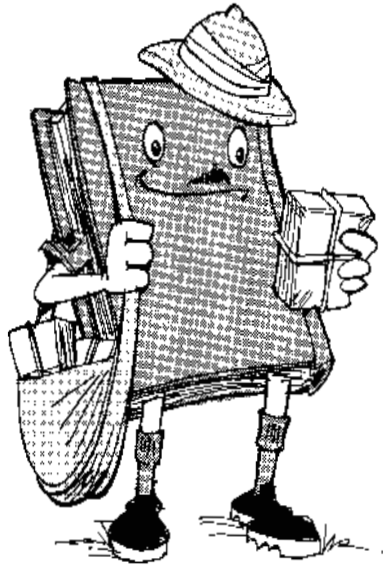
X _____
 Signature of applicant

I approve the issuance of a library card to the child whose name is signed to this application and agree to give immediate notice of change of address or loss of card. I agree to pay any fees imposed for loss, damage, or mutilation of library materials. As all library materials will be available to this child, I assume the responsibility of monitoring the child's library use.

X _____
 Signature of parent or guardian
 (required for all applicants under age 18)

For Library Use Only: Card # _____

Books-by-Mail
100 S. Andrews Ave.
Fort Lauderdale, FL 33301



TO:

CERTIFICATE OF ELIGIBILITY

Fill out only if you need large print books or descriptive videos:

This certificate of eligibility must be signed by an authorized professional, such as: M.D., doctor of osteopathy, ophthalmologist, optometrist, R.N., therapist, medical social worker, or teacher.

Eligibility Criteria:

1. Legally Blind.
2. Persons with a visual disability who, even with correction and regardless of optical measurement, are unable to read regular print material.

TO BE FILLED OUT BY AN AUTHORIZED PROFESSIONAL

(Applicant's Name) _____ cannot use regular library materials because he/she is legally blind visually impaired.

Certified By (Print) _____ Title _____

Signature _____

Address _____ City _____ Apt.# _____

State _____ Zip _____ Phone _____

Visit Broward County Library at www.broward.org/library

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Name _____

Address _____

City _____ State _____ Zip _____

PLACE
POSTAGE
STAMP
HERE

Broward County Library
Books-by-Mail
100 S. Andrews Ave.
Fort Lauderdale, FL 33301