

# **Sign up for Senior Citizen Homebound Delivery of Books or Books on CD From the Plainville Public Library and Plainville Council on Aging**

## **STEP 1: Select your Reading Preferences**

I would like \_\_\_\_\_ items to read each month.

I prefer (choose any or all):  
\_\_\_\_\_ Books on CD  
\_\_\_\_\_ Large Print Books  
\_\_\_\_\_ Regular Type Books



**Homebound Delivery Service**

I like to read: (please rank in order of your favorite starting with number 1. You may choose as many as you like)

- |                             |                                  |
|-----------------------------|----------------------------------|
| ___ Best Sellers            | ___ Suspense/Thrillers/Espionage |
| ___ Cozy Mystery            | ___ Gardening                    |
| ___ Crime/Detective Mystery | ___ Cookbooks                    |
| ___ Women's Fiction         | ___ History                      |
| ___ Amish Fiction           | ___ Biography                    |
| ___ Historical Romance      | ___ Self Help                    |
| ___ Romantic Suspense       | ___ War History                  |

My Favorite Authors are:

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\*requests can be placed month to month by writing them on your checkout page and including it in your returning bag.

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**STEP 2:** To register for this service present or mail this form to the Plainville Library or the Senior Center. You must be a Homebound Senior Citizen and live in Plainville. The information on this form is solicited to obtain a complete list of library patrons and will be used solely to record the location of library property. PLEASE PRINT

Library Card Number \_\_\_\_\_ Or I don't have a card yet \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Deliver to Address: Street \_\_\_\_\_ APT. \_\_\_\_\_

Plainville, MA 02762

Primary Phone: \_\_\_\_\_

Email:

Sign me up for the Monthly Library Newsletter Email (circle one): YES or NO

I would like to: \_\_\_ Pick up my bag at the Senior Center OR

\_\_\_ I would like it delivered to my Plainville home

Home delivery can be suspended if you live in another area for part of the year. Please stop services (months) from \_\_\_\_\_ to \_\_\_\_\_

I agree to be responsible for the material borrowed with this card, for all fines incurred and for loss and damage of material charged upon it. I release the library from any liability for damages occurring from equipment or material I have borrowed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 3:** RETURN TO EITHER: Plainville Public Library, 198 South St., Plainville, MA 02762 or Plainville Council on Aging, 9 School St., Plainville, MA 02762