



Manatee County Public Library System

Books By Mail Program Registration Form

Name: _____
Library Card Number (if applicable): 2395_____
Mailing Address:(Line 1) _____
(Line 2) _____
Phone: _____
Email: _____
Date of Birth: _____
PIN Number (4 digits): _____
Date service begins: _____
Date service ends (if applicable): _____

Please fill out back page 

Help us select books and materials for you: (check all that apply)

I prefer the following format(s): Large Print Books _____ Playaways _____

Descriptive DVDs _____ Audio Books (on CD) _____

I prefer the following interests/genres: Mystery / Thriller _____

Romance _____ Christian fiction _____ Occult _____ Historical Fiction _____

Western Biography _____ Travel _____ Science fiction/Fantasy _____

Other fiction/authors: (Please describe) _____

(cont.) _____

Nonfiction: (Please describe interests/authors) _____

(cont.) _____

Other requests: _____

(cont.) _____

I give permission to Manatee County Public Library and its representatives to retain and review a record of my library materials in order to manage my account without duplications. This information will not be shared with any other institutions or organizations and is considered confidential. I understand that only Books By Mail items can be returned in the zippered pouches. I agree to pay for any lost materials.

Signature: _____ Date: _____