

Grant Area District Library

Books by Mail Service

Patron Registration Form

Name: _____

Address: _____

City: _____ State: Michigan Zip: _____ Phone: _____

Email: _____ Date of Birth: _____

Library Barcode: _____

Please provide us with a personal contact in the event we are unable to reach you:

Name: _____

Phone: _____ Relationship to you: _____

Patron Preferences

1. Preferred Formats (check all that apply):

Large Print Standard Print Paperback Audio books CD

Audio books cassette No preference Other: _____

2. Type of books desired (check all that apply):

Fiction

- Adventure
- Fantasy
- General
- Historical
- Inspirational
- Mystery
- Romance
- Science Fiction
- Suspense
- Western
- Other _____

Non Fiction

- Biography
- Any type
- Celebrity
- Historical
- Political
- Culinary
- Health
- Topic _____
- History
- Poetry
- Religion
- Travel
- Other _____

Please notify the library if any information on this form changes
231 834-5713

Grant Area District Library
122 Elder Street
Grant, MI 49327

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Attn: Books by Mail Dept.