DATE		Mid-Ark Regional Library System			
NAME					
ADDRESS	 				
FACILITY (IF APPLICABLE)					
CITY/STATE/ZIP					
PHONE					
CAREGIVER/ALTERNATE CONT	ГАСТ				
PHONE					
(PLEASE ATTACH A CO	PY OF YOUR I	DL OR STATE ID)			
APPLICANT'S SIGNATURE					
PARENT OR GUARDIAN'S SIGN	ATURE				
(Required for applicants ages 0-11)					
TO BE CERTIFIED BY A CAREG	GIVER OR LIBRA	ARY STAFF:			
I certify that	is physically unable to travel to the Library.				
CERTIFIER'S NAME:	AFFILIATION:				
ADDRESS:	PHONE: _				
CITY:	STATE:	ZIP:			
CERTIFIER'S SIGNATURE*:(*An original signature is required)		DATE:			
If disability is temporary, please estimate	te length				

Application for Books By Mail Service (please print)

(MAIL COMPLETED APPLICATION TO: Malvern-Hot Spring County Library ATTN: Books-By-Mail Program 202 East 3rd Street Malvern, AR 72104

BOOKS BY MA	AIL APPLICATION	N: READER PR	OFILE	
APPLICANT'S	NAME			
AGE CATEGO	ORY (circle one)			
ADULT (65+)	ADULT (19-64)	TEEN (12-18)	CHILD (1-11)
AUDIOBO	OKS			
LARGE PF	RINT BOOKS			
□ Pleas □ Pleas understar FICTION mysteries adventure romance short stor	choose one of e do not select items e select items for mod I may also reques (circle subjects will suspense war stories historical fiction ies ethnic heritag	is for me. Send on the from the subject specific titles which interest you fantasy scient westerns a literary class of specify	only the titles I ot categories of the categorie	h. horror umor us fiction
psycholog animals adventure biography religion other(s)	gy occult current cooking health e world history (general) science ethnic specify receive books in Spa	t events politics poetry pla US history wa esp heritage	s business ays humor r stories bic music pecify comput specify	sports travel ography (current) specify ters specif
	<u> </u>			