



Mineola Memorial Library

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HOMEBOUND APPLICATION

Name: _____

Date: _____

Address: _____

Telephone #: _____

Email: _____

Name of a Friend or Relative
(as a secondary contact):

Library Card
Number: _____

*If you do not have a library card, please call for
information about obtaining one*

Friend/Relative's Contact Information:

Phone # _____

Email Address _____

Relationship: _____

Reading Preferences

Favorite Author(s) and/or Titles:

Favorite Genres:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Romance | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Non-Fiction | <input type="checkbox"/> _____ |

Other Favorites / Preferences / Comments:

Preferred Formats:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Regular Print | <input type="checkbox"/> Large Print | <input type="checkbox"/> Paperbacks |
| <input type="checkbox"/> Music CDs | <input type="checkbox"/> CD Audio Books | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Playaway | <input type="checkbox"/> _____ |