



Hoboken Public Library Application for Library-By-Mail Service

Return completed application to:

Hoboken Public Library

500 Park Avenue

Hoboken, NJ 07030

ATTN: Library by Mail Service

DATE _____

NAME _____
First Last

ADDRESS _____

Number Street Apt. #
CITY: Hoboken STATE: NJ ZIP CODE: 07030

TELEPHONE NUMBER (____) _____

EMAIL _____

Person to contact if we are unable to reach you

Name: _____ Phone: _____
Email: _____ Relationship: _____

Best time to be contacted: ___ Morning ___ Afternoon ___ Evening
Preferred method of contact: ___ Phone ___ Email ___ Through caregiver

Name and contact information of caregiver: _____

___ Check here to give Library-By-Mail permission to keep a record of material sent to you to avoid duplication.

___ I have a Hoboken Public Library card and the number is _____

If you do not already have a library card, you will also need to complete the Homebound Library Card application and return it along with this application (Page 3).

I agree to handle library materials carefully and be responsible for any fees associated with late, lost, missing or damaged items.

I will return items promptly and follow mailing instructions.

Signature _____ Date _____

TO BE CERTIFIED BY A PHYSICIAN, NURSE, OR SOCIAL WORKER:

I certify that _____ is physically unable to travel to the Library.
(*print applicant name*)

CERTIFIER'S NAME: _____ AFFILIATION: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

CERTIFIER'S SIGNATURE*: _____ DATE: _____

(*An original signature is required)

If disability is temporary, please estimate length _____

Homebound Library Card Application

Completed applications may be returned by mail to;
Hoboken Public Library
500 Park Avenue
Hoboken, NJ 07030
Attn: Library by Mail Service

Please Print clearly and provide all information requested

Part 1

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Email address _____ Telephone: _____

Please provide a copy of your photo ID along with Proof of your current Hoboken address.

Part 2

1. This application is for a ___ New Library Card? or ___ Replacement Card?
2. Please choose a 4-digit PIN number: _____
3. ___ Yes, I would like to receive email notifications about Hoboken Public Library's programs, services and initiatives

Please note: patrons who wish to stop receiving email communications can do so by clicking the unsubscribe link at the bottom of any message.

Part 3 Please read and sign your application

By Submitting this application I declare that all information provided is accurate and I agree to the Hoboken Public Library's rules and regulations and accept responsibility for all use of the card, all library materials checked out on the card and all charges made against it. I understand that use of my library card is non-transferrable and should my library card be lost or stolen, I will notify the Hoboken Public Library immediately.

Applicant's Signature _____

Hoboken Public Library

Library-by-Mail Reader Profile

AGE CATEGORY (check one)

ADULT (65+) ADULT (19-64) TEEN (12-18) CHILD (grade level)

FORMAT PREFERENCES (please circle appropriate boxes)

Print materials:

STANDARD PRINT LARGE PRINT HARDBACK PAPERBACK

No Preference

Audio Books:

BOOK ON CD PLAYAWAY No Preference

Reading & Listening Interests: (Check all that apply)

Favorite authors:

Favorite genres

Best Sellers Classics Modern Fiction Family Stories Science Fiction
 Mystery Suspense Horror Historical Fiction Adventure Thriller
 Romance Gothic Westerns Sea Stories Spy Stories Humor Music
 Biographies Film U.S. History U.S. Civil War World History
 Politics Current Events Nature Animals Poetry Inspirational
 Religion(Specify) _____ Occult Travel Sports (specify) _____
 Science True Crime Cooking Crafts (specify) _____

Other interests _____

I would like to receive: _____ (number) of books per month, or No specific number

I would like to:

Select my own books by requesting specific titles or authors online (please see special instructions for placing requests online),

or have the library select for me based on my reading interests,

or have the library select for me and sometimes select my own.

Music:

Popular

Jazz

Showtunes

Hip-Hop/Rap

Other _____

Classical

Gospel

Spanish

Movie Soundtrack

Please request specific titles, composers or performers to receive recordings.

Movies: Please request specific titles, subjects or performers to receive movies

Preferred Movie Format: _____ BluRay _____ DVDs _____ Either