



## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Library card number: \_\_\_\_\_

Preferred method of contact (check one):  Phone  Email

*Please circle or check your library material preferences:*

Formats:  Books  Large Print  Audiobooks on CD  
 Playaways  DVDs  Blu-rays  Music CDs

Interests:  Fiction  Non-fiction

Specific titles: \_\_\_\_\_

Specific authors: \_\_\_\_\_

Specific subjects: \_\_\_\_\_

Specific genres: \_\_\_\_\_

(mystery, science fiction, romance, biography, etc)

I wish to discuss my selections with a library staff member.

You may return this form to the Goodnow Library in person, by email (mbriody@minlib.net) or mail it c/o Michael Briody to Goodnow Library, 21 Concord Rd., Sudbury, MA 01776