

BOOKS ON WHEELS



THROUGH A PARTNERSHIP WITH
SAGE'S MEALS ON WHEELS PROGRAM



Adult Card Registration
 PLEASE PRINT CLEARLY

APPLICANT'S LAST NAME _____ FIRST NAME _____ M.I. _____ M/F _____

HOUSE NUMBER & STREET & P.O. BOX IF USED _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE # _____ BUSINESS PHONE # _____ DATE OF BIRTH ____/____/____

E-MAIL _____

LOAN HISTORY? YES NO

DO YOU WANT TO RECEIVE E-MAILS REGARDING LIBRARY NEWS?
 YES NO

I attest that the information provided on this registration card is true. I agree to take full responsibility for all materials charged out to this card. I shall abide by all policies and rules regarding use of the Summit Free Public Library as set by the Library Board of Trustees and I understand that the Library Board reserves the right to change the policies at any time.

APPLICANT'S SIGNATURE _____ DATE _____

ONLINE LIBRARY SERVICES AVAILABLE:

If you have a computer you can access many library resources: without leaving home!

E-books & E-audio books from several providers

Electronic magazines through *Zinio*

Digital movies & TV shows through *hoopla*

Instructional videos through *Lynda.com*

Learn a language through *Rosetta Stone*

Take a trip down Memory Lane with Summit's newspapers from days gone by with *Digi-Find*

Apply for service from the Talking Book & Braille Center

Access these resources and find out about library programs at www.summitlibrary.org.



APPLICATION TO RECEIVE DELIVERY OF LIBRARY MATERIALS

Name: _____

Address: _____ Apt. # _____ Summit, NJ 07901

Phone #: _____ Email: _____

Caretaker's name: _____ Caretaker's phone #: _____

I would like to receive: BOOKS LARGE PRINT BOOKS-ON-CD

DVDs/BluRay movies MUSIC CDs OTHER (please specify)

Tell us about the types of materials you like to read, listen to or view, including your favorite authors or artists:

MEDICAL CERTIFICATION:

I certify that (*name*) _____

is permanently / temporarily disabled and is unable to travel to the library.

Medical Professional's name: _____

Organization: _____

Phone #: _____ Email: _____

Relationship with Recipient: _____

Signature: _____ Date: _____

WHO IS ELIGIBLE?

Summit residents who are temporarily or permanently disabled and unable to travel to the library, such as those receiving Meals-on-Wheels delivery through SAGE Elder-care.

WHAT MUST YOU DO?

The application here must be filled out and certified by a physician, visiting nurse or other health care professional.

Return the application to your Meals-on-Wheels volunteer. If you do not already have a Summit Library card, fill out the library card application on the reverse side.



Summit Free Public Library
75 Maple Street, Summit, NJ 07901
908-273-0350
www.summitlibrary.org