



APPLICATION FOR GLORIA BRONZO BOOKS BY MAIL PROGRAM

Please print responses in block letters

DATE	
NAME	Last
FIISt	Last
ADDRESS	<u>APT#</u>
TOWN	
TELEPHONE NUMBER ()
□ I have a Westchester Libra	ry System Library Card and the number is
	ibrary card, you will also need to complete a return it along with this application.
I use a computer with Inter	net access and my e-mail address is
APPLICANT'S SIGNATURE	
TO BE CERTIFIED BY A ME	MBER OF THE PURCHASE LIBRARY STAFF
I certify that (print applicant name)	presented Proof of Age over 65 years.
CERTIFIER'S NAME:	
CERTIFIER'S SIGNATURE:	(An original signature is required)
DATE:	





APPLICATION FOR GLORIA BRONZO BOOKS BY MAIL PROGRAM READER PROFILE

AUTHORS AND SERIES THAT I ENJOY

FICTION (circle your selections of subjects that interest you)

mysteries	suspense	fantasy	science fiction	on horror
adventure	war stories	westerns	animals	humor
romance	historical fiction	n literar	y classics	serious fiction
short stories	ethnic heritag	ge	oth	er
	-	spec	ify	specify

