

# Registration for Maine State Library Books By Mail

Please Print or Type

Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Town: \_\_\_\_\_ County:

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email \_\_\_\_\_

Place of Residence (if different from  
above): \_\_\_\_\_

Please indicate: Child/Grade \_\_\_\_\_ Adult \_\_\_\_\_

By signing this form, I certify that the information on it is accurate to the best of my knowledge and that I do not live in a community which is not eligible for Maine State Library Books By Mail services. I agree to promptly return the materials I borrow in good condition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send to:**

Outreach Services  
Maine State Library  
64 State House Station  
Augusta, Maine 04333