

Registration for Maine State Library Books By Mail

Please Print or Type

Name:

Mailing Address:

Town: _____ County: _____

State: _____ Zip Code: _____

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 live in a community which is 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