Library by Mail Service

District residents who cannot visit the Library due to a temporary or permanent condition can receive books, DVD’s, magazines, music CD’s and Books on CD, etc. through our mail delivery service. Library materials are selected by a librarian, based on your provided preferences, and sent to your home in a red canvas bag via the Post Office. There is no charge for the service, nor do participants accrue overdue charges.

In order to qualify, the patron must be a resident of the Lindenhurst Memorial Library district who cannot get to the library due to a long-term or short-term challenge. This may include the following: Short or long-term illness, non-driver status, visually impaired, physically challenged, or other issues.

If you do not have a library card, we will mail you an application for one. Library by Mail service will begin after you have a library card account.

You may request specific materials, or, if you prefer, a librarian will make selections for you, based upon the information you provide in the “reading preferences” section of the application.

For more information about our Library by Mail service, or to receive a print application, please contact Gloria Markowitz at (631) 957-775 ext. 120. You can fill out an online version here.

Talking Book Program

Homebound patrons may also be interested in the Talking Book Program administered through the Andrew Heiskell Library (NYPL) in New York City. This is a books-by-mail program that delivers thousands of recorded and braille titles postage-free. Residents of all ages are eligible for these services if they have difficulty reading standard printed materials because of one or more of the following: blindness or visual impairment; a physical disability that limits their ability to hold a book or turn pages; and/or a reading disability (such as dyslexia), resulting from organic dysfunction.

Special audio players and audio-books are delivered by mail free of charge to the patron.

If you or someone you know is interested in the Talking Book Program, please contact the Andrew Heiskell Library at (212) 206-5400.
Library by Mail Application

Name: ________________________________________________________________

Address: __________________________________________________________________

Phone: __________________________ Birth Date: ____________________________

Email: _____________________________________________________________________

Please enter your library barcode here: ___________________________________________

Reading Preferences: (check all that apply)

_____ Historical Fiction  ____ Horror  _____ Mysteries  _____ Romance

_____ Science Fiction/Fantasy  _____ Thrillers/Suspense  _____ Magazines  _____ None

Other: ________________________________________________________________________________

Non-fiction Preferences: (check all that apply)

_____ Biography/Memiors  _____ Cookbooks  _____ Crafts  _____ Health  _____ History

_____ Magazine  _____ Nature & Science  _____ Sports  _____ Society & Culture  _____ TV/Theater/Film

_____ Travel  _____ True Crime  _____ None

Do you want to read or listen to a book? (check all that apply)

_____ Read  _____ Read, large print only

_____ Listen, books on CD  _____ Listen, playaway

How many items would you like? __________________

List some books and authors that you have enjoyed.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Are there types of books or authors you do not want?
_____________________________________________________________________________
_____________________________________________________________________________

Is there anything else you would like to tell us about your reading preferences?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I do not wish to receive materials that contain (check all that apply):

____Strong language    ____ Violence    ____ Explicit depictions of sex

Do you have a computer with internet access at home?  ____YES    NO _____

Would you like a demonstration on how access materials to read or view online?
____YES    NO _____

Do you give the library permission to authorize a member of the Lindenhurst Memorial Library to use your library card to check out materials for you?  ____YES    NO _____

Print name: ___________________________________________ Date: __________________________
Signature: __________________________________________________________________

Please return completed application in the provided envelope to the Lindenhurst Memorial Library, attention Gloria Markowitz.