Library by Mail Service

Adult 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, you 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.

If you do not have a library card, we will mail you an application for one. Library by Mail service will begin after you complete the application and return it to us, along with this Library By Mail form.

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 request a print application, please contact Gloria Markowitz at (631) 957-775 ext. 120.

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.
Lindenhurst Memorial Library
Library by Mail Application: All fields are required

Name: ________________________________________________________________
Address: ________________________________________________________________
Phone: __________________________ Birth Date: ____________________________
Email: _____________________________________________________________________

Please enter your library barcode here: ________________________________

Check here if you do not have a library card, and are requesting an application: __________

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/Memoirs    _____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 to receive?

_____ 1-3    _____ 4-6    _____ 6-10

List some books and authors that you have enjoyed:

_____________________________________________________________________________

_____________________________________________________________________________

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

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