



Allentown Public Library  
Application for Books By Mail Service

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Last)

ADDRESS \_\_\_\_\_  
(Number) (Street) (APT#)

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ (Is this a mobile phone?) Y / N

☐ I have an Allentown Public Library (APL) card, and the number is:

\_\_\_\_\_

If you do not already have an Allentown Public Library card, you will also need to complete an APL card application and return it along with this form.

☐ I use a computer with Internet access, and my e-mail address is:

\_\_\_\_\_

☐ I do not use a computer with Internet access

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_  
(Required for applicants ages 0-11)