

ORGANIZATIONAL LENDING APPLICATION

(Please print clearly)

FACILITY or ORGANIZATION: _____

FACILITY ADMINISTRATOR: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____ **PHONE:** _____
(Include area code)

SITE MANAGER _____
(Person responsible for library materials)

JOB TITLE: _____

PHONE: _____ **BEST TIME to PHONE:** _____
(Include area code)

FAX: _____ **EMAIL:** _____
(Include area code)

FACILITY PROFILE:

NAME and DESCRIPTION of FACILITY:

What else can you tell us about your clients which will help us when selecting materials for your facility (age range, interests):

NUMBER of BOOKS YOU WANT for COLLECTION: (maximum 50) _____

HOW MANY in EACH FORMAT? LARGE PRINT: _____ **REGULAR PRINT:** _____



RANJNA DAS, Director

SELECT READER INTEREST CATEGORIES (LOAN PERIOD is EIGHT WEEKS):

ADVENTURE/SUSPENSE

HISTORICAL NOVELS

ROMANCE

ANIMALS/PETS

HISTORY

SCIENCE FICTION

ART/MUSIC

HOBBIES/CRAFTS

SELF-HELP/HEALTH

**BIOGRAPHIES:
THEATRICAL, LITERARY,
POLITICAL, HISTORICAL**

HUMOR

SPORTS

CLASSICS

INSPIRATIONAL

**THRILLERS:
LEGAL, POLITICAL,
MEDICAL**

CURRENT EVENTS/POLITICS

INTRIGUE/SPY

TRAVEL

ECONOMICS

MEDICAL THRILLERS

WAR FICTION

FAMILY SAGAS

MYSTERIES

WESTERNS

GENERAL FICTION

NATURE

ADDITIONAL COMMENTS about READER INTERESTS:

As administrator, I understand that this facility/organization assumes financial responsibility for the materials we borrow, and for making sure the materials are returned to the Burlington County Library System.

ADMINISTRATOR'S SIGNATURE: _____

DATE: _____

When this application is complete, please email it to the Mobile Library Services project manager, kgruver@bcls.lib.nj.us.