

## POUGHKEEPSIE PUBLIC LIBRARY DISTRICT

## APPLICATION FOR EXTENSION SERVICES

(first)

Applicants must be residents of the City or Town of Poughkeepsie. Certification must be completed. All patron records are confidential.

Name:

(last)

Address:						
City:			State:		Zip:	
Phone:	Birth Date:					
•	the name/number	•		•		ned for an
needing this registered no agencies (e. absence of designee. P	TION (to be compose service is definances; therapists; process, social workers any of these, contact at the applicant names	ned to include professional stafs, case workers ertification may ed to be recertification.	doctors of mo f of hospitals, i s, counselors, be made by ed annually.	edicine nstituti rehabi the E	e; doctors of os ions, and public ilitation teachers Executive Direct	steopathy; or welfare ). In the or, or his
				_ Date	e	
Title ar	nd Occupation					
Street	Address			_ Tele	ephone	
City _			State	_ Zip		
Signati	ure					

READING PREFERENCES (check one)							
Send only the specific titles I will request. Do not select books for me.							
I wish to have books selected for me in the categories checked below:							
Adventure stories Bestsellers Bible & religion Biographies Classic novels Cooking Drama Family stories Fine arts Health	<ul> <li>Historical fiction</li> <li>History - U. S.</li> <li>History - World</li> <li>Humor</li> <li>Music (about)</li> <li>Occult</li> <li>Philosophy</li> <li>Poetry</li> <li>Politics</li> </ul>	Romance Science Sea stories Short stories Sports Spy stories Travel War stories Westerns					
For Library Use Only							
Date service begun:							
Description of service:							
Return completed application to: PPLD/Extension Services, 141 Boardman Road, Poughkeepsie, NY 12603							

August 25, 2011