

Local Author Collection Submission Form
Mary Wood Weldon Memorial Library

Print form and fill out. Drop off or mail with book: **Mary Wood Weldon Memorial Library, Attn: Local Author Collection, 1530 S. Green St., Glasgow, KY 42141.**

Name: _____

Name of Author (if different): _____

Book Title: _____

Publisher: _____

ISBN # (if available): _____

Publication Date: _____

Category:

Fiction

Graphic Novel

Science Fiction/Fantasy

Biography/Autobiography

Non-fiction

Poetry

Short Stories

For works of non-fiction, specify your credentials or a give description of your expertise in the subject area.

Address:

Street address _____

City _____

State/Zip code _____

Phone #: _____

Email: _____

Website (optional): _____

Consent:

I acknowledge and consent to all rules and guidelines laid out in the Local Author Policy and the Collection Development Policies of Mary Wood Weldon Memorial Library.

Signature: _____