

# BOOKSELLER RELIEF FUND APPLICATION FORM

---

Bookseller's Name

---

Current Address

---

Current Telephone Number

---

Email Address

---

Bookstore Name

---

Bookstore Address

---

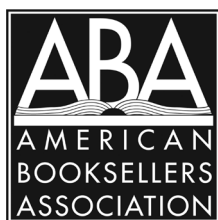
Name of Store Owner or Bookseller's Immediate Supervisor

This is to affirm that the above named bookstore is situated in a federally declared disaster area and that I own the store or was an employee working 25 hours or more a week at the store as of Saturday, August 27, 2011.

---

Signature

**Return this form by October 1, 2011 to:**



**Bookseller Relief Fund  
c/o American Booksellers Association  
200 White Plains Road  
Tarrytown, NY 10591  
Fax to (914) 591-2720  
Email to [meg@bookweb.org](mailto:meg@bookweb.org)**

Questions about the Booksellers Relief Fund should be addressed to  
ABA's Membership and Marketing Officer, Meg Smith, at (800) 637-0037, ext. 6641 or [meg@bookweb.org](mailto:meg@bookweb.org).